**NON- DISCRIMINATION POLICY STATEMENT**

This agency (provider) is in compliance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), the age Discrimination Act of 1975 (Public Law 93-112). This is an equal opportunity program. No person, in the United States shall on the grounds of race, color, national origin, age, sex, disability, political beliefs or religion, be excluded from participation in, be denied benefits if, or be otherwise subjected to discrimination. If you believe you have been discriminated against because of race, color, national origin, age, sex, a disability, political beliefs, or religion, you may lodge a complaint against the management staff of this agency and/or write immediately to the Civil Rights Department, Texas Department of Human Services, P.O. Box 149030, Austin, Texas 78714-9030 (512-450-3630.

**COMPLAINT PROCEDURE**

1. **RIGHT TO FILE A COMPLAINT:** Any person alleging discrimination-based race, color, national origin, age, sex, disability, political beliefs or religion has the right to file a complaint of the alleged discriminatory action with the management staff of this agency and/or the Civil Rights Department, Texas Department of Human Services, P.O. Box 149030, Austin, Texas 78714-9030 (512-450-3630. The agency will explain the complaint system to each individual who expresses an interest in filing a discrimination complaint and shall advise the individual of the right to file a complaint in either or both systems. All complaints must be filed no later than 180 days from the date of the alleged discriminatory action. Under special circumstances, the Civil Rights Department may extend this time limit.
2. **ACCEPTANCE:**  All complaints written or verbal, not handled by the TDHS Civil rights Department, shall be accepted by the provider agency. Complaint information will be sufficient to determine the identity of the individual toward which the complaint is directed, and to describe the intent or situation about which the allegation is made. Anonymous complaints will be handed just as any other complaints.
3. **VERBAL COMPLAINTS:**  In the event a complaint makes an allegation in person or through a telephone conservation and refuses or is not inclined to put such allegation in writing, the person to whom the allegation is made must put the elements of the complaint in writing.

**Every effort shall be made to have the complaint provide the following information:**

* Name, address, and telephone number or other means of contacting the complainant.
* The specific location and name of the provider agency delivering the benefits.
* The nature of the incident or action that led the complainant to feel discrimination was factor and an example of the method of administration, which is having a disparate effect on the public, applicants, or participants.
* The basis on which the compliant feels discrimination exists (race, color, national origin, age, sex, disability, political beliefs or religion).
* The names, titles and business addresses of persons who may have knowledge of the discriminatory act.
* The dates(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

1. **DISCRIMINATION COMPLAINTS PROCESSED BY THE PROVIDER AGENCY:** The provider agency shall submit to the appropriate TDHS office a report on each discrimination complaint processed by the agency within 90 days of the date the complaint is filed. The report should contain the information described in item 3, above, in the findings of the investigation and if appropriate, corrective action planned or taken.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**