



Le Mars Area Betterment Foundation Policies and Procedures

#101

Subject: Nondiscrimination Policy

Page 6 (including attach)

Effective: June 10, 2016

Revised:

Approved By:


Michael T. Donlin, President

Date: June 10, 2016

POLICY:

In accordance with Title 6 of the Civil Rights Act of 1964 and its implementing regulations, Le Mars Area Betterment Foundation (LABF) does not directly or indirectly (through contractual or other arrangements), exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, national origin, color, creed, religion, sex, age, disability, veteran status, marital status, sexual orientation, gender identity, diagnosis or source of payment for care in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, including assignments or transfers within the facility and referrals to or from the facility.

LABF also affirms its commitment to providing equal opportunities without regard to race, national origin, color, creed, religion, sex, age, disability, veteran status, marital status, sexual orientation, gender identity or expression or any other basis prohibited by federal, state or local laws.

In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulations, LABF will not, directly or through contractual or other arrangements, discriminate on the basis of handicap in admissions, access, treatment or employment. The President has been designated as a coordinator for implementation of this policy.

In accordance with the Age Discrimination Act of 1975 and its implementing regulations, LABF will not, directly or through contractual or other arrangements, discriminate on the basis of age in the provision of services, unless age is a factor necessary to normal operation of the achievement or any statutory obligation.

In accordance with the Americans with Disabilities Act of 1990 and its implementing regulations, LABF will not, directly or through contractual or other arrangements, discriminate on the basis of disabilities in the provision of services or in employment.

PROCEDURE:

1. Anyone who believes that they or another person has been subjected to any type of discrimination may file a complaint using LABF grievance procedure below:
 - a. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S.



Department of Health and Human Services, Office for Civil Rights.

Office for Civil Rights

U.S. Department of Health and Human Services

601 E. 12th St., Room 248

Kansas City, MO 64106

Phone: (816) 426-7277

Fax: (816) 426-3686; TDD: (816) 426-7065

Email: ocrmail@hhs.gov

2. LABF representatives are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceeding under federal, state or local anti-discrimination law.
3. LABF's Non-Discrimination Policy will be available for public on their website at lemarsfoundation.com with paper copies available upon request.
4. LABF board members will honor commitments, both personally and professionally according to this policy.
5. It is the policy of LABF to not discriminate on the basis of disability.
6. How to file "Civil Rights Discrimination Complaint" with the Office for Civil Rights is attached to this policy.

Reviewed/Approved by LABF Board Members: June 10, 2016

Distribution: www.lemarsfoundation.com



FACT SHEET

U.S. Department of Health and Human Services • Office for Civil Rights

HOW TO FILE CIVIL RIGHTS DISCRIMINATION COMPLAINT WITH THE OFFICE FOR CIVIL RIGHTS

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex or religion by a health care provider (such as a hospital, health clinic, or nursing home) or by a State or local government social services agency, you may file a complaint with the Office for Civil Rights (OCR). Complaints alleging discrimination based on disability by programs directly operated by HHS may also be filed with OCR. You may file a complaint for yourself or for someone else.

For more information about the Civil Rights Discrimination Laws and Regulations we enforce, please review our [Understanding Civil Rights](#) section or look at our [Frequently Asked Questions \(FAQs\)](#) on our [web site](#), <http://www.hhs.gov/ocr/civilrights/index.html>.

COMPLAINT REQUIREMENTS - Your complaint must:

- (1) Be filed in writing, either on paper or electronically, by mail, fax, or email;
- (2) Name the health care or social service provider involved and describe the acts or omissions you believe violated the civil rights laws or regulations; and
- (3) Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

ANYONE CAN FILE! - Anyone can file written complaints with OCR. We recommend that you use the [Civil Rights Discrimination Complaint Form Package](#) found on our web site at <http://www.hhs.gov/ocr/civilrights/complaints/crcomplaintconsentpkg.pdf>. If you need help filing a complaint or have a question about the complaint or consent forms, please email OCR at OCRMail@hhs.gov.

THE CIVIL RIGHTS LAWS AND REGULATIONS PROHIBIT RETALIATION - Under Civil Rights Laws an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.

HOW TO SUBMIT YOUR COMPLAINT TO OCR - *To submit a complaint to OCR, please use one of the following methods.* If you mail or fax the complaint, be sure to send it to the appropriate [OCR regional office](#) based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. You do not need to sign the complaint and consent forms when you submit them by email because submission by email represents your signature.

Option 1: Open and fill out the [Civil Rights Discrimination Complaint Form Package](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either: (a) print and mail or fax the completed complaint and consent forms to the appropriate [OCR regional office](#); or (b) email the completed complaint and consent forms to OCRComplaint@hhs.gov. (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties.)

Option 2: If you choose not to use the [Civil Rights Discrimination Complaint Form Package](#), please provide the information specified on the next page by either: (a) mail or fax to the appropriate [OCR regional office](#); or (b) email to OCRComplaint@hhs.gov.

HOW TO FILE A DISCRIMINATION COMPLAINT WITH OCR

If you prefer, you may submit a *written* complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Telephone numbers (include area code)
4. E-mail address (if available)
5. Name, full address and telephone number of the person, agency or organization you believe discriminated against you
6. Brief description of what happened. How, why, and when you believe your (or someone else's) civil rights were violated
7. Any other relevant information
8. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

The following information is *optional*:

1. Do you need special accommodations for us to communicate with you about this complaint?
2. If we cannot reach you directly, is there someone else we can contact to help us reach you?
3. Have you filed your complaint somewhere else?

OCR Regional Addresses	
Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, U.S. DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD); (617) 565-3809 FAX	Region VI - AR, LA, NM, OK, TX Office for Civil Rights, U.S. DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD); (214) 767-0432 FAX
Region II - NJ, NY, PR, VI Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX	Region VII - IA, KS, MO, NE Office for Civil Rights, U.S. DHHS 601 East 12 th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD); (816) 426-3686 FAX
Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights, U.S. DHHS 150 S. Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD); (215) 861-4431 FAX	Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, U.S. DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD); (303) 844-2025 FAX
Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, U.S. DHHS 61 Forsyth Street, SW. - Suite 3B70 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD); (404) 562-7881 FAX	Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions, Office for Civil Rights, U.S. DHHS 90 7 th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD); (415) 437-8329 FAX
Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights, U.S. DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD); (312) 886-1807 FAX	Region X - AK, ID, OR, WA Office for Civil Rights, U.S. DHHS 2201 Sixth Avenue - Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD); (206) 615-2297 FAX



OFFICE FOR CIVIL RIGHTS

Office for Civil Rights

U.S. Department of Health
and Human Services

200 Independence Avenue, SW.
H.H.H. Building, Room 509-F
Washington, D.C. 20201

TELEPHONE

1-800-368-1019

E-MAIL

ocrmail@hhs.gov

TDD

1-800-537-7697

www.hhs.gov/ocr

KNOW YOUR RIGHTS AGAINST DISCRIMINATION! THE OFFICE FOR CIVIL RIGHTS (OCR)

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is responsible for enforcing civil rights laws that apply to recipients that receive federal financial assistance from HHS. These laws prohibit discrimination on the basis of race, color, national origin, disability or age. Some laws may also protect against discrimination based on gender or religion.

The laws protect us!

Examples of laws that protect us include:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act of 1990
- The Age Discrimination Act of 1975
- The Community Service Assurance Provisions of the Hill-Burton Act
- Section 1557 of the Affordable Care Act

Examples of institutions, programs and service providers that receive funds from HHS include:

- Hospitals
- Health care professionals in private practice with patients assisted by Medicaid
- Family and community mental health centers
- Alcohol and drug treatment centers
- Nursing homes
- State agencies responsible for administering health care
- Foster care homes
- Day care and senior citizen centers
- Nutrition programs
- State and local income assistance and human service agencies

How to file a complaint of discrimination with the Office for Civil Rights (OCR)

If you believe that you or someone else has been discriminated against because of race, color, national origin, disability, age or in some cases sex or religion, by an entity receiving financial assistance from HHS, you or your legal representative may file a complaint with OCR. Complaints must be filed within 180 days from the date of the alleged discrimination.

You may send a written complaint or you may complete and send OCR the Complaint Form available on our webpage at www.hhs.gov/ocr. The complaint form is also available on our webpage in a number of other languages under the Civil Rights Information in Other Languages section.

The following information must be included:

- Your name, address and telephone number.
- You must sign your name on everything you write. If you file a complaint on someone's behalf — e.g. spouse, friend, client, etc. — include your name, address, telephone number, and statement of your relationship to that person.
- Name and address of the institution or agency you believe discriminated.
- When, how and why you believe discrimination occurred.
- Any other relevant information.

If you mail the complaint, be sure to send it to the attention of the regional manager at the appropriate OCR regional office. OCR has ten regional offices and each regional office covers specific states. Complaints may also be mailed to OCR Headquarters at the following address:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW.
H.H.H. Building, Room 509-F
Washington, D.C. 20201**

To learn more:

Visit us online at www.hhs.gov/ocr

Call us toll-free at 1-800-368-1019

Email us: ocrmail@hhs.gov

TDD: 1-800-537-7697

Language assistance services for OCR matters are available and provided free of charge. OCR services are accessible to persons with disabilities.

www.hhs.gov/ocr