

# Before We Start!

- Visit [www.seconddharvestfoodbank.org](http://www.seconddharvestfoodbank.org), Partner Charity Zone, Civil Rights.
- Print out all of the documents in the section to follow along with the presentation.
- Enjoy today's training!

# USDA Civil Rights Training



For Food and  
Nutrition Services  
Programs using  
TEFAP & CSFP



# Training Agenda

- Why do I need training?
- What are key topics I need to know?
- Where did these Civil Rights concepts come from?
- What if I run a program through a faith based organization?
- What exactly is discrimination?
- What about people with limited access to my food program?
- What happens if someone wants to file a complaint?



# Why Civil Rights Training?

- Your program is a recipient of Federal funding by receiving TEFAP food through Second Harvest.
- The USDA requires that all recipients of federal funding go through annual Civil Rights Training.



# Take Home Messages

- Treat everyone equally! With the respect and dignity every person deserves.
- Train your front-line staff/volunteers *annually* in Civil Rights **and document the training.**
- Make sure you have proper postings prominently displayed at your food programs.
- Document any situation where you have refused service to a guest.
- Include the Non-Discrimination statement in your marketing materials, fliers, social media accounts, and website, and any other public-facing document mentioning your food program. At a minimum, you must include:

“This institution is an equal opportunity provider.”



# What is TEFAP?

- The **E**mergency **F**ood **A**ssistance **P**rogram helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost through food pantries, soup kitchens, and other eligible programs.
- The USDA makes food commodities available to the States, which receive the food and supervise overall distribution of the food commodities to eligible recipient agencies.
- Eligible recipient agencies are public or private nonprofit organizations that provide food and nutrition assistance to the needy through the distribution of food for home use or the preparation of meals.



# What is CSFP?

- The Commodity Supplemental Food Program works to improve the health of elderly people at least 60 years of age by supplementing their diets with nutritious USDA commodity foods.
- Under CSFP, the USDA purchases food and makes it available to the States, along with funds for administrative costs.
- The States then store the foods and distribute it to public and non-profit private local agencies.



# What are Civil Rights?

Civil Rights are the non-political rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13<sup>th</sup> and 14<sup>th</sup> Amendments to the U.S. Constitution and by acts of Congress.





# Goals of Civil Rights Training

- Equal treatment for all applicants and beneficiaries under the law.
- Provide knowledge of rights and responsibilities to recipients and program staff.
- Eliminate illegal barriers that prevent or deter people from receiving benefits.
- Provide a baseline of dignity and respect for all.



# Partner Charity Responsibilities

- ✓ Train staff and volunteers in civil rights requirements annually and maintain proper documentation.
- ✓ Comply with civil rights laws, regulations and requirements.
- ✓ Take “reasonable steps” to ensure adequate access to your programs and activities by persons with disabilities and/or Limited English Proficiency (LEP).
- ✓ Ensure that USDA funds do not support any inherently religious activities.
- ✓ Provide public notification and follow-up that may include: Compliance Reviews; Complaint Process; Accommodating Persons with Disabilities; Resolving Conflict and Customer Service.



# Training

All program staff interacting with customers, including volunteers and supervisors, must receive annual training. Methods include formal presentations, staff meetings, online, or one-on-one review of material. Training should cover:

- Federal Financial Assistance
- Goals of Civil Rights
- Agency Responsibilities
- Equal Opportunity for Religious Organizations
- Discrimination
- Disability Accommodations
- Limited English Proficiency
- Public Notification
- Non-Discrimination Statement
- Complaints
- Data Collection and Reporting
- Customer Service and Conflict Resolution
- Compliance



# Volunteer / Staff Training

## Annual Civil Rights Training Checklist For Frontline Staff and Volunteers



Please initial each statement indicating that you have read and understood the content.

- Goals of civil rights – fairness and equality of treatment and benefit delivery.
- When do civil rights rules apply? Federal civil rights rules apply any time there is any Federal financial assistance. Federal financial assistance is receiving anything of value from the Federal Government – not just cash. It can include food, training, equipment, and other goods and services.
- Federal Protected Classes – Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if a local program using federal resources discriminates against them. Under federal law for the purposes of TEFAP and CSFP, the protected classes under which a client may file a discrimination complaint are race, color, national origin, sex, disability, and age.
- Types of discrimination – Disparate treatment (treating a person differently from others); disparate impact (neutral rule impacts disproportionately on a group); reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.
- Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities. (e.g. mobility, sight, hearing, etc.) or alternate means of service delivery should be advertised and provided.
- Provide other language assistance - to persons with limited English proficiency (LEP) who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances. To ensure that they have equal access to services, they may be offered qualified interpreters, language cards, oral translation and/or written translation of documents.
- Conduct Outreach - to ensure that potential eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits. Agencies must also give recipients information on what constitutes discrimination and how to file discrimination complaints at the time they apply for services.
  - Display the USDA “An d Ju s t i c e f o r A l l” non-discrimination poster - in a place where it can be seen by all who visit the premises.
  - Include the USDA non-discrimination statement - on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

## Annual Civil Rights Training Checklist For Frontline Staff and Volunteers



- Filing a Federal Civil Rights Complaint – Advise people who allege discrimination based on one or more of the federal protected classes listed above on how to file a complaint. Any person or representative alleging discrimination based on prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action. Those wishing to file complaints may do so with Second Harvest Food Bank, at their local department of Jobs and Family Services, with the ODJFS Bureau of Civil Rights or with the USDA Office of Civil Rights. Complainants may call the Bureau of Civil Rights to submit a complaint or they may submit the complaint in writing. If the complaint is submitted in writing, the time, place, persons involved, the nature of the complaint, evidence of discrimination, complainant's name, address and phone number must be included. Complainants may also use the ODJFS Discrimination Complaint Form (JFS02333) or USDA Program Discrimination complaint Form (AD-8027.)
- Collect racial/ethnic data - in CSFP and use it to target outreach and to assess participation. Make sure individual data is kept confidential and secure. Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. What happens at your site stays at your site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.
- Response to Conflicts/Emergencies – If conflict occurs, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation if there is no immediate resolution.
- Treat all people with dignity and respect. Follow the golden rule and treat people the way you would like to be treated.
- Cooperate with State and Federal reviewers – they are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.
- Corrective Action for Non-Complying Agencies – If there is non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to loss of Federal financial assistance.

I have read and understood the content of this civil rights training. I agree to follow the civil rights instructions as listed above.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner Charity Name: \_\_\_\_\_ Agency#: \_\_\_\_\_

Keep Civil Rights Training Checklists for your records – do not send to Second Harvest.

This institution is an equal opportunity provider.

# Civil Right Laws

Federal Law prohibits discrimination in program administration based on the following USDA protected classes:



- Race
- Color
- National origin
- Age
- Sex
- Disability



# Civil Right Laws

- Title VI –Civil Rights Act of 1964 (*Race, color, national origin*)
- Title IX of the Education Amendments of 1972 (*Sex*)
- Section 504 of the Rehabilitation Act of 1973 (*Disability*)
- Americans with Disabilities Act (*Disability*)
- Age Discrimination Act of 1975 (*Age*)
- Civil Rights Restoration Act of 1987 (*Race, color & national origin*)



# Civil Rights Laws

The USDA prohibits discrimination in all programs & activities on the basis of :

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Marital Status
- Family Status
- Parental Status
- Religion
- Sexual Orientation
- Genetic Information
- Political Beliefs
- Reprisal
- Income



# Equal Opportunity for Religious Organizations



## Faith Based Organizations **CAN:**

- Receive federal funds to operate emergency feeding programs.
- Use space in their facilities without removing religious art or symbols.

## Faith Based Organizations **CAN'T:**

- Discriminate against individuals on the basis of religion or religious beliefs.
- Use USDA funds or product for religious activities.
- Distribute religious information to guests.
- Make guests participate in a religious activity to receive assistance.
- Proselytize or preach during the food program.

*EXAMPLE: As part of its meal service, a soup kitchen requires a prayer before the meal.*





# Written Notice of Applicant and Recipient Rights

## Must be POSTED for pantries, hot meals, and shelters.

The Emergency Food Assistance Program (TEFAP)  
Written Notice of Applicant and Recipient Rights



Name of Partner Charity: \_\_\_\_\_

Partner Charity Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in TEFAP or receive services from TEFAP, as required by 7 CFR part 16.

Alternate Service Location(s) or State Agency Contact Information:

Name of Organization and Contact Person:  
Second Harvest Food Bank of North Central Ohio  
Sam Flores, Program and Member Services Manager

Phone Number: (440) 444-0699

Email Address: [sflores@secondharvestfoodbank.org](mailto:sflores@secondharvestfoodbank.org)

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## Must be INDIVIDUALLY DISTRIBUTED for CSFP.

Commodity Supplemental Food Program (CSFP)  
Written Notice of Applicant & Recipient Rights



Name of Partner Charity: \_\_\_\_\_

Partner Charity Contact: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that—

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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# TEFAP and CSFP Referral Request

The Emergency Food Assistance Program (TEFAP) and  
Commodity Supplemental Food Program (CSFP) –  
Referral Request



Name of Partner Charity: \_\_\_\_\_

Contact Information for Program Staff:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Please check if you want to be referred to another service provider.

Please provide the following information:

Your Name: \_\_\_\_\_

*Best way to reach you:*

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

FOR STAFF USE ONLY

1. Date of objection: \_\_\_/\_\_\_/\_\_\_

2. Referral (check one):

Individual was referred to Second Harvest Food Bank of North Central Ohio to get a referral to another program in their service area. (440) 960-2265

Individual was referred to: \_\_\_\_\_

Name of alternate provider: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Individual was given State agency - provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)

Individual left without a referral

No alternate service provider is available - summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Keep the Referral  
Request on file.

Only use as a referral  
sheet if the guest's  
objection is based on  
your organization's  
religious nature.



# Discrimination

Definition: Different treatment which makes a distinction of one person or a group of persons from others; either intentionally, by neglect, or by the actions or lack of actions based on protected classes.



# Types of Discrimination



- **Disparate Treatment**



- **Disparate Impact**



- **Retaliation**



# Disparate Treatment



**Disparate Treatment-**  
Intentionally treating someone differently because they belong to a protected class.

*EXAMPLE: A pantry doesn't serve anyone who speaks a language other than English.  
(Discrimination against National Origin)*



# Disparate Impact



**Disparate Impact-**  
Unfair practices and procedures that are unintentional.

*EXAMPLE: In order to ensure that there are interpreters available, a food pantry wants to mandate that all Russian speaking participants be served on the second Friday of each month.*





# Retaliation



## Retaliation-

Negative treatment of an individual due to their prior civil rights activity or for cooperating with an investigation.

*EXAMPLE: A participant receiving services has recently filed a discrimination claim against your program. Upon their arrival for their next scheduled appointment they are told that they are no longer allowed to receive services.*



# Accessibility

All programs that distribute TEFAP or CSFP are required to address needs related to:

Physical Access for  
Persons with  
Disabilities



Limited English  
Proficiency  
(L.E.P.)





# Physical Access

## Solutions to Consider:

- Completing registration and shopping in another area of the building that is accessible.
- Having an authorized representative/proxy pick up groceries for the person.
- Making home deliveries or providing other accommodations.
- Talking with the customer to see what might work best for their situation.



# Limited English Proficiency (L.E.P)



## L.E.P. -

Individuals with limited English proficiency do not speak English as their primary language and have limited ability to read, speak, write, or understand English.

- All efforts must be made to service LEP individuals.
- Agencies can not require LEP individuals to provide their own interpreter to receive services.
- Children should not be used as interpreters.

*EXAMPLE: Some people come to the pantry and do not speak English. You cannot understand them and have no idea what language they are speaking. You write a note to give to someone saying that they need to return with an interpreter.*



# I Speak Statements

Your guest can choose which language they speak from this page.



## I Speak Statements

- |   |  |
|---|--|
| <input type="checkbox"/> Unë flas shqip (Albanian)                    | <input type="checkbox"/> N' a po Klào Win. (Kru)                           |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)                        | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)                    |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)            | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien)                     |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian)              | <input type="checkbox"/> म नेपाली बोल्छु (Nepali)                          |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)                    | <input type="checkbox"/> Mówię po polsku. (Polish)                         |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian)          | <input type="checkbox"/> Eu falo Portugês. (Portuguese)                    |
| <input type="checkbox"/> ကျွန်ုပ်တို့ပြန်ဆိုစကားပြောသည်။ (Burmese)    | <input type="checkbox"/> ਇ ਸ੍ਰੋਆਕ ਪੰਜਾਬੀ (Punjabi)                         |
| <input type="checkbox"/> 我说中文 (Chinese Simplified)                    | <input type="checkbox"/> Cunosc limba Română. (Romanian)                   |
| <input type="checkbox"/> 我說中文 (Chinese Traditional)                   | <input type="checkbox"/> Я говорю по-русски. (Russian)                     |
| <input type="checkbox"/> Ja govorim hrvatski. (Croatian)              | <input type="checkbox"/> Ou te tautala faaSamoa. (Samoan)                  |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)    | <input type="checkbox"/> Govorim srpski. (Serbian)                         |
| <input type="checkbox"/> Je parle français. (French)                  | <input type="checkbox"/> Waxaan ku hadlaa Somali. (Somali)                 |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> Yo hablo español. (Spanish)                       |
| <input type="checkbox"/> Μιλάω ελληνικά. (Greek)                      | <input type="checkbox"/> أتحدث السودانية (لغوى سودانى) (Sudanese)          |
| <input type="checkbox"/> ຄູ່ ງູજરાતી બોલુ છું (Gujarati)              | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog) |
| <input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole)           | <input type="checkbox"/> ข้าพเจ้าพูดภาษาไทย (Thai)                         |
| <input type="checkbox"/> म हद्दा बाल्ता हूँ (Hindi)                   | <input type="checkbox"/> ኣነ ትግርኛ ይዘረብ እየ. (Tigrinya)                       |
| <input type="checkbox"/> Kuv hais lus hmoob. (Hmong)                  | <input type="checkbox"/> Я розмовляю українською. (Ukrainian)              |
| <input type="checkbox"/> Ana m a sù Igbo (Igbo)                       | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں. (Urdu)                 |
| <input type="checkbox"/> Parlo Italiano (Italian)                     | <input type="checkbox"/> Tôi nói tiếng Việt. (Vietnamese)                  |
| <input type="checkbox"/> 私は日本語を話します (Japanese)                        | <input type="checkbox"/> יידיש רעד איך (Yiddish)                           |
| <input type="checkbox"/> Mi chat Jamiekan langwjj (Jamaican Creole)   | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba)                            |
| <input type="checkbox"/> ၵကတိကုကုါ။ (Karen)                           |  |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer)                  |  |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean)                     |  |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ناخفم. (Kurdish)         |  |

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# Affordable Language Services

After understanding what language your guest speaks, use this service to find a certified interpreter in order to serve your guest.

## Affordable Language Services



Ohio Association of Foodbanks has partnered with Affordable Language Services to provide language interpretation services for clients. To assist your clients needing language interpretation assistance, follow the instructions below.

### User Instructions for Telephonic Interpretation – 24/7 Service

1. Dial 1-866-978-8378
2. Give your **Organization Access Code = 4394** (For security reasons, keep this code from public view)
3. Give your name and the language needed. (Please provide correct spelling of last name)
  - a. If you do not know the language needed, use the "I Speak" card.
4. You will be connected to an interpreter.
5. Speak to the customer in the first person-DIRECTLY. This allows the conversation to flow smoothly and shorten the call.
6. When done - simply thank the interpreter and disconnect the call.

### Tips for using Telephonic Interpretation

- Telephonic Interpretation is always consecutive. This means there are pauses while the interpreter repeats each statement in the respective language.
- Remember to speak in the first person as you would during a "normal" conversation.
- Give the interpreter specific questions to relay.
- Group your thoughts and questions to help the flow of the conversation.
- Expect interpreted comments to run a little longer than the English phrases as interpreters convey the meaning and do not interpret word-for-word.
- If you do not know which language your client speaks, ask our interpreter coordinator to help you.
- Try to speak at an even pace and make pauses for interpretation.
- Interpreters merely transform information from one language into another. Do not hold the interpreter responsible for what your client does or does not say.
- Always remember that concepts and terminology specific to your industry often require explanation or elaboration in other languages.

If you have any questions or concerns regarding this process please feel free to contact Affordable Language Services at 513-745-0888.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# Public Notification

Three Elements of Public Notification:

1. Program Availability
2. Non-discrimination Statement
3. Complaint Information



# Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**



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# Non-Discrimination Statement

All marketing materials, flyers, pictures, or other advertisements on paper or online information related to your TEFAP or CSFP program **MUST** include the **FULL** Non-Discrimination Statement when able to do so.

At a minimum, the statement “This Institution is an Equal Opportunity Provider” must be included in print no smaller than the information provided.





# Complaints

Ohio Department of Job and Family Services  
 Bureau of Civil Rights  
 30 E. Broad Street, 30<sup>th</sup> Floor  
 Columbus, Ohio 43215-3414

## DISCRIMINATION COMPLAINT

(614) 644-2703 or Toll Free 1-866-227-6353 TTY (614) 995-9961 or Toll Free 1-866-221-6700 FAX 614-752-6381

*Assistance with completion of this form shall be provided.*

1. Name: (Last)		(First)	(Middle Initial)	
Home Address (Number and Street)			2. Work Phone Number ( )	
(City)	(Zip)	3. Home Phone Number ( )		
4a. On what basis do you believe you have been discriminated against? <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Citizenship/Participant Status (WIA Program Only) <input type="checkbox"/> Religion <input type="checkbox"/> Ancestry <input type="checkbox"/> Sex		4b. Program/Services Area <input type="checkbox"/> Adoption/Foster Care/Child Welfare <input type="checkbox"/> Unemployment <input type="checkbox"/> WIA <input type="checkbox"/> Child Support <input type="checkbox"/> Health Services <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Other _____		
5. Race of the complainant <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____		Sex of the Complainant <input type="checkbox"/> Male <input type="checkbox"/> Female		
6. Name the agency you believe has discriminated against you: _____ (County)				
7. Location: (Number and Street)		(City)	(State)	(Zip)
8. Name(s) and title(s) of who you believe discriminated against you: _____ _____ _____				
9. Date of alleged discrimination		10. Working/training site where you were located: (if applicable)		
11. Please explain why you believe the treatment or incident you experienced was because of your race, color, religion, national origin, age, disability, political affiliation or belief, and/or for WIA Participants: citizenship/participant status. (Please attach additional sheet(s) of paper, if necessary to fully state your complaint.) _____ _____ _____				
12. Date complaint written		13. Complainant's signature		

Advise Applicants/  
 Participants:

- Right to file complaint
- How to file complaint
- Complaint procedures





# Data Collection and Reporting

- Does Not discriminate
- Provides information in different formats and languages to meet all levels of ability
- Reaches underserved groups
- Uses the USDA non-discrimination statement (This Institution is an Equal Opportunity Provider)
- Uses photos and graphics that convey equal opportunity in program-related information.
- Prominently display the mandatory “And Justice For All” poster.



# Data Collection and Reporting

- All data collected must be kept secure and confidential
- Maintain all records ; TEFAP and CSFP 5 years
- CSFP regulations require annual reporting of participants' racial and ethnic data. Participants may self-declare racial/ethnic data. If a participant refuses to provide data they are to be advised that the information will be collected based on observation.
- Outreach efforts can be targeted to groups not adequately represented in program participation.



# Customer Service

“Treat others the way you would like to be treated.”



# Conflict Resolution

## *Three Simple Rules*

1. Remain calm with your posture and tone.
2. Try to explain your understanding of the situation.
3. Get help, especially if threats are made or if violence is possible.



**Have a written and posted policy for dealing with unacceptable behavior and conflicts.**



# Right to Refuse Service

## Right to Refuse Service Policy:

In order to maintain a high standard of service and provide a safe work environment for its employees, volunteers, and guest families, this Organization reserves the right to refuse or discontinue service to guests. Service may be denied to any guest who acts inappropriately by disrupting the normal provision of services, or if a guest's behavior or environment threatens the safety of the Organization's employees, volunteers, or guest families.

### Inappropriate behavior includes, but is not limited to:

- Unreasonable demands for service
- Threatening or erratic behavior
- Misrepresentation of the need for service
- Inappropriate physical contact
- Personally threatening and offensive language

Any Organization employee or volunteer can exercise the right to refuse service when confronted by a guest acting inappropriately or when facing an unsafe situation. They will notify their supervisor of the situation immediately.



# Right to Refuse Service

## Right to Refuse Service Incident Report



Partner Charity: \_\_\_\_\_ Program # \_\_\_\_\_  
Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Guest: \_\_\_\_\_

Date	Offense	Action Taken

Guest Signature \_\_\_\_\_  Refused Signature

Volunteer Signature \_\_\_\_\_ Director Signature \_\_\_\_\_



# Please complete and return!

## Civil Rights Training Acknowledgement



I have viewed the Civil Rights Training PowerPoint presentation provided to me by Second Harvest Foodbank of North Central Ohio, and I understand the specific situations covering types of discrimination prohibited by the USDA for any agency receiving food through Second Harvest Food Bank of North Central Ohio and the USDA programs, such as TEFAP and CSFP.

I shall ensure that each staff person and volunteer interacting with program applicants and participants at my facility acknowledges training on civil rights and customer service, and how to respond to a request to file a civil rights complaint. This Acknowledgement of training will be done before they begin to volunteer and reviewed on an annual basis.

Training will include the following topics:

- Federal Financial Assistance
- Goals of Civil Rights
- Agency Responsibilities
- Equal Opportunity for Religious Organizations
- Discrimination
- Disability Accommodations
- Limited English Proficiency
- Public Notification
- Non-Discrimination Statement
- Complaints
- Data Collection and Reporting
- Customer Service and Conflict Resolution
- Compliance

I agree that this agency will not discriminate against any person in need of food, and that this agency will provide a safe and barrier-free place in which any person can work or obtain food assistance.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner Charity: \_\_\_\_\_ Program #: \_\_\_\_\_

Submit Signed Civil Rights Training Acknowledgements to Sarah Horan at [shoran@secondharvestfoodbank.org](mailto:shoran@secondharvestfoodbank.org).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# Resources

If you have questions or concerns about Civil Rights training or topics, contact us at 440-960-2265

Or visit us online at <https://secondharvestfoodbank.org/partners/civil-rights#civil-rights-training>

