

St. Matthew's House Inc

USDA/TEFAP Food Sub-distributor Non-discrimination Policy and Procedures

The following document contains five sections:

- Non-discrimination Policy
- How we communicate our policy
- Individual rights
- How we process non-discrimination complaints
- What corrective action we take

Non-discrimination Policy

As a Sub-distributor of USDA food under The Emergency Food Assistance Program and/or as a partner agency of the Harry Chapin Food Bank we adhere to several contract requirements. A key component of these requirements is our non-discrimination policy:

"In accordance with Federal law, USDA policy and our contract with the Harry Chapin Food Bank, we will not discriminate on the basis of race, sex, age, color, national origin, or disability. Harry Chapin also includes sexual orientation or religion."

Communicating our Policy

We ensure our clients, employees, volunteers and Recipient Agency (HCFB) are aware of our non-discrimination policy through several means:

- We agree in writing with the Harry Chapin Food Bank and the USDA (through the Food Bank) not to discriminate.
- All our employees are advised of our non-discrimination policy and its importance when hired and periodically reminded through normal employer/employee communication. In addition, if our organization has written employee policies it contains our non-discrimination policy.
- Volunteers are advised of our policy.
- The Federal government "AND JUSTICE FOR ALL" poster is conspicuously displayed in location(s) where clients are determined eligible.
- Any flyers we develop for the public includes our non-discrimination policy.
- Any web site we have has our non-discrimination policy on the Home page.

Individual Rights

Our policy, as well as Federal law creates certain rights for any individual who believes he/she has been discriminated against. As noted on the "And Justice for All" poster an individual can file a complaint to several state and federal organizations, as well as with the Harry Chapin Food Bank.

A complaint may also be made to any of our employees, verbally or in writing. To assist an individual we have a complaint form which we will provide to an individual when requested; and, assist them, if needed, in completing the form. A copy of our complaint form is attached to this document and readily available at our place of service.

Processing Non-discrimination Complaints

Based on whether the complaint relates to the USDA/TEFAP program or solely to the program of membership with the Harry Chapin Food Bank resolution processes vary.

USDA/TEFAP Program Discrimination Complaint Resolution Process

1. Complaint is received by us (the partner agency/Sub-distributor) either verbally or in writing.
2. If the complaint is initially verbal we will work with the individual to complete our complaint form.
3. If the individual has already completed our form we will review the data for completeness and clarity.
4. The completed form will be promptly forwarded to the Harry Chapin Food Bank Agency Relations Manager.
5. Harry Chapin Food Bank will forward the complaint to the appropriate person at the Florida Department of Agriculture who then will provide it to the appropriate person at USDA within three business days.
6. From this point forward the USDA will complete the investigation, determine appropriate resolutions and notify appropriate persons/organizations.

HCFB Partner Discrimination Complaint Resolution Process

1. Complaint is received by us (the partner agency) either verbally or in writing.
2. If verbal we will work with the individual to complete our complaint form, to gather appropriate data, to establish a clear understanding of the allegation and to advise him/her of the next steps in the review process.
3. If the individual has already completed our form we will review the data for completeness and clarity.
4. The completed form will be promptly forwarded to the Partner Agency Director who will review the form and promptly forward it to the Harry Chapin Food Bank Agency Relations Manager who, as appropriate, will engage the HCFB's Executive Director.
5. Based on analysis of the information a determination will be made by HCFB as to whether discrimination, as defined by Federal law, has occurred.
6. An appropriate specific solution will be defined for the complaint at hand and corrective action steps will be devised to help preclude repetition by the partner agency.
7. HCFB will notify the individual of the outcome within a reasonable timeframe.
8. HCFB will notify the partner agency of the outcome and any needed corrective action they must take.
9. The partner agency will take corrective action as defined.

What Corrective Action We the Sub-Distributor / Partner Agency Take

One of our primary objectives in having a clear resolution to a discrimination complaint is to gain a thorough understanding of not only what occurred but also why. Based on the findings of the USDA or the HCFB we will undertake appropriate corrective action to help minimize the likelihood or recurrence of discrimination.

While the specific actions cannot be defined before discrimination occurs, corrective actions include activities such as re-training of staff and one-on-one discussions/counseling with particular staff about the importance of not discriminating and ensuring a clear understanding of what discrimination is.

St. Matthew's House Inc.
CIVIL RIGHTS COMPLAINT FORM

Any person alleging discrimination based on race, sex, age, color, national origin, or disability, has a right to file a complaint within 180 days of the alleged discriminatory action.

Complaints should be mailed to: USDA, Director
 Office of Civil Rights
 1400 Independence Avenue, SW,
 Washington DC 20250-9410

1. Person filing complaint:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Numbers:
Home (____) _____ Work (____) _____

2. Person(s) discriminated against, if different from above:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Numbers:
Home: (____) _____ Work: (____) _____

3. Agency (and department if known) of program that discriminated:

Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Individual's name, if known:

4. Discrimination based on: Race__ Sex__ Age__ Color__ National Origin__
Disability__ Sexual Orientation__ Religion__

5. Nature of complaint. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. (Use back of form if more space is needed.)

6. Dates when discrimination took place:

7. Persons who may have knowledge of the discriminatory action:

Name: _____
Address _____
City: _____ State _____ Zip: _____
Telephone Numbers:
Home:(____) _____ Work:(____) _____

Name: _____
Address _____
City: _____ State _____ Zip: _____
Telephone Numbers:
Home:(____) _____ Work:(____) _____

“In accordance with Federal law, and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, sex, age, color, national origin, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.”

For Office Use Only:	Date Complaint Received: _____
Date forwarded to USDA: _____	
By: _____ Recipient Agency – Name: _____	
_____ State Agency – Name: _____	
Notes:	

