Nondiscrimination Policy

This brochure:

- Contains general information about the Department of Social and Health Services (DSHS) policy on nondiscrimination, equal opportunity and discrimination complaint procedures.

- Describes services available to persons who believe they have been discriminated against in employment and service delivery.

State and federal laws and DSHS policy prohibit retaliation. Any person who has filed a discrimination complaint or who has assisted in the investigation of a discrimination complaint shall not be intimidated, threatened, coerced, or discriminated against.

Retaliation

If you submit a complaint to the Investigations Unit, staff will determine jurisdiction and contact you. If appropriate, IU staff will investigate the complaint and reach a finding.

The Department will make every attempt to correct and remedy actions considered discriminatory.


You must contact each agency to determine the specific time frames for filing complaints. Filing a complaint with the DSHS Investigations Unit does not change these time frames. You must contact each agency to determine the specific time frames for filing complaints. Filing a complaint with the DSHS Investigations Unit does not change those time frames. If you submit a complaint to the Investigations Unit, staff will determine jurisdiction and contact you. If appropriate, IU staff will investigate the complaint and reach a finding.

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**DISCRIMINATION COMPLAINT**

| CONTACT: | Investigations Unit Administrator  
|          | Grievance Coordinator for Section 504,  
|          | Title II and Other Civil Rights Laws  
|          | Department of Social and Health Services  
|          | Human Resources Division  
|          | Investigations Unit (IU)  
|          | PO Box 45830  
|          | Olympia WA 98504-5830  
| VOICE:   | (360) 725-5821 or 1-800-521-8060  
| TTY:     | (360) 586-4289 or 1-800-521-8061  
| FAX:     | (360) 586-0500  
| EMAIL:   | iraucomplaints@dshs.wa.gov  

<table>
<thead>
<tr>
<th>NAME OF PERSON FILING COMPLAINT</th>
<th>TELEPHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
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<tr>
<th>NAME AND POSITION OF PERSON WHO DISCRIMINATED AGAINST YOU</th>
<th>TELEPHONE NUMBER</th>
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<tbody>
<tr>
<td>ORGANIZATION</td>
<td>CITY</td>
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<tr>
<th>Discrimination was in:</th>
<th>On what basis do you believe discrimination occurred?</th>
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<tbody>
<tr>
<td>☐ Employment</td>
<td>☐ Service</td>
</tr>
<tr>
<td>☐ Employment</td>
<td>☐ Service</td>
</tr>
</tbody>
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Please describe what happened and when (use extra page(s) if necessary and sign and date each page):

1. Description of the incident,
2. Date of the incident,
3. Witnesses and their contact information,
4. Any evidence or documentation that supports the claim.

**Policy**

The Washington state Department of Social and Health Services is an equal opportunity employer and does not discriminate on the basis of age, sex, sexual orientation, gender, gender identity/expression, marital status, race, creed, color, national origin, religion or beliefs, political affiliation, military status, honorably discharged veteran, Vietnam Era, recently separated or other protected veteran status, the presence of any sensory, mental, physical disability or the use of a trained dog guide or service animal by a person with a disability, equal pay or genetic information.

Inequitable practices that occur in service delivery or employment, based on the factors above, violate the DSHS Non-discrimination Policy. Some of these practices are:

- Denial of services or benefits.
- Refusal to hire or promote.
- Failure to provide appropriate interpreter services, including American Sign Language (ASL).
- Limiting access to services because of inaccessible facilities.
- Failure to make reasonable accommodations to allow full participation of persons with disabilities in all programs, activities and services.
- Denying the opportunity to act as a consultant or volunteer or serve on committees and boards.

**Discrimination Complaints**

If you believe you have been discriminated against, complete the discrimination complaint form on the back side of this brochure and forward to the Investigations Unit Administrator, Grievance Coordinator for Section 504, Title II and Other Civil Rights Laws, Human Resources Division, Investigations Unit. If you know of discrimination based on the previously mentioned factors, contact the Investigations Unit. In accordance with state and federal laws, you also may file a complaint with:

- Washington State Human Rights Commission; 1-800-233-3247
- U.S. Department of Health and Human Services, Office for Civil Rights; 1-800-362-1710 (Filing a complaint with the Investigations Unit does not preclude you from filing with the Office for Civil Rights).