POLICY TITLE: Language Access Services CHAPTER:		PAGE 1 OF 10
	CHILD AND FAMILY SERVICES AGENCY Approved by:_____ Signature of Agency Director Date:_____	PROFESSIONAL STANDARDS
EFFECTIVE DATE:	LATEST REVISION: November 8, 2012	REVIEW BY LEGAL COUNSEL: October 26, 2012

I. AUTHORITY	The Director of the Child and Family Services Agency (CFSA or Agency) adopts this policy to be consistent with the Agency's mission, and applicable federal and District of Columbia laws, rules and regulations including but not limited to the Language Access Act of 2004, D.C. Official Code 15-167, effective June 19, 2004; Title IV of the Civil Rights Act of 1964; and 4 DCMR, Chapter 12 (Language Access Act). This policy supersedes any other prior-dated policies of the same title and subject matter, including related issuances and business processes. This policy supersedes the Language Access Services policy (May 29, 2009).
II. APPLICABILITY	This policy applies to all full or part-time Child and Family Services Agency (CFSA) employees, including contractors, volunteers, student interns and externs, business associates, and any other person(s) who are CFSA public service providers or grantees.
III. RATIONALE	Since the passage of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990 and the Language Access Act of 2004, all individuals are guaranteed access to public accommodations regardless of race, color, gender, religion, national origin, or physical or mental disability. By the authority of the Language Access Act of 2004, the CFSA Language Access Program (LAP) seeks to make every effort to ensure equal access to services to all people served, regardless of communication circumstances. The purpose of this policy is to ensure compliance with Title IV of the Civil Rights Act of 1964, Language Access Act of 2004 effective June 19, 2004, and other applicable federal, state, and District laws and their implementing regulations with respect to persons who are limited English proficient (LEP) and Non-English proficient (NEP).
IV. POLICY	This policy reaffirms CFSA's LAP commitment to ensure equal access to services for person with LEP or NEP who need assistance with accessing CFSA services. The Agency's LAP shall ensure that no person is excluded from or denied equal access to programs and/or services due to a linguistic barrier. This includes individuals who may have difficulty speaking, reading, writing, or understanding English.

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	Procedure A: Role and Responsibilities The CFSA Director and CFSA's Language Access Coordinator (LAC) have direct responsibility for implementing the Language Access Act (LAA) and this policy. Their responsibilities include but are not limited to: 1. Agency Director: a. Shall require all contractors and grantees comply with the Assistant Corporate Council and certify that their subcontractors and grantees will comply with all the LAA b. Shall designate a LAC and review and evaluate the role and performance of the LAC on an annual basis 2. Language Access Coordinator (LAC): a. Report directly to the Agency director, and consult with the Agency director on budgeting issues for the delivery of language access services as required by the LAA b. Shall establish, implement, and publish in the D.C. Register the Agency's Biennial Language Access Plan (BLAP) every 2 years c. Coordinate and assist in the implementation of the requirements of the LAA and its regulations d. Receive reports of alleged violations of the LAA from individuals, consultative agencies or other organizations, and shall report them to the LAD as they are received

	Procedure B: Confidentiality 1. In accordance with District and federal confidentiality and disclosure laws, no information or records, to include content of records and translated information, shall be disclosed by the CFSA's LAC or the Language Access Program (LAP) without proper authorization. 2. The release of confidential information shall be administered in the following manner: a. Information (in any form) in the possession of CFSA, its staff, contractors, volunteers, student interns or externs, business associates, and any other person(s) who are CFSA service providers that concerns clients served by CFSA is confidential. This is both required by law and good social work practice. The information may not be used or disclosed except as consistent with District or federal law. b. It is the policy of the CFSA to ensure that all client records and information be kept confidential and protected from public or unauthorized disclosure. Client information collected, created and/or maintained by, or on behalf of CFSA, shall only be released in accordance with the federal and District privacy and confidentiality laws and regulations (for additional information, see the CFSA Confidentiality Policy).
	Procedure C: Client/Customer Service 1. CFSA's LAP shall provide greater access, communication, and participation in public services, programs, and activities for residents of the District of Columbia (to include clients known to CFSA) who are LEP or NEP. 2. CFSA's key performance areas in providing good customer service shall include but is not limited to the following: a. In points of entry of all CFSA buildings, CFSA shall post and maintain signs in languages that constitute 3% or 500 individuals whichever is less of the populations served or encountered by CFSA, informing the general public of interpreter/translation services b. Each LEP/NEP client/customer shall be counseled on the available language access services c. Each LEP/NEP client/customer shall receive the same high quality of service regardless of age, race, religion, sex, nationality, educational background, physical limitations, or any other criteria that may be the source of discrimination and treated with respect and courtesy in all transactions d. The LAP staff shall work with the requestor to coordinate all requests for interpreter services including scheduling and arranging to provide for an interpreter at no cost e. LEP/NEP client/customer shall receive telephonic interpretation services at no cost

	Procedure D: Reporting 1. On a quarterly basis, the CFSA LAC shall submit a report to the D.C. LA Director (LAD) regarding the Agency's implementation of its BLAP and on an annual basis a narrative report on progress made in the implementation shall be submitted to the D.C. LAD. The quarterly reports shall consist of but is not limited to: a. The status of all task required of CFSA in accordance with the CFSA's BLAP at the end of each official quarter of the fiscal year or as otherwise required by the D.C. LAD and of the ACT b. Information on any progress made regarding information reported on c. A summation of all activity performed within the fiscal year including a self- assessment of what objectives were unmet with explanation d. The number of language access complaints received during the quarter and the steps taken to resolve those complaints 2. The annual reports shall consist of but not limited to: a. The total number of LEP/NEP individuals served or encountered from the total population served by CFSA within the fiscal year (delineated by language) b. A list of translated vital documents c. Oral language services offered through CFSA services and programs d. The names of all organizations to which the CFSA provides grants or contracts to provide services to its LEP/NEP population e. An itemized budget allocated for Language Access purposes f. A comprehensive list of CFSA's bilingual staff employed in public contact positions g. The list of contractors and grantees and the status of their compliance with the Act h. The number of language access complaints received during the course of the fiscal year and the steps taken to resolve those complaints
	Procedure E: Training 1. The goal of the CFSA's LAP is to ensure that all staff members are adequately trained in the use and access of language access resources. 2. CFSA staff members, contractors, grantees, volunteers, student interns and externs, business associates, and any other person(s) who are CFSA service providers shall be trained on the requirements of the LAA. 3. The LAA requires that these persons be trained on cultural competency (i.e., diversity, sensitivity), as well as how to access telephonic interpretation services.

	4. The language access training is offered by LAP and OHR. Language access training has been incorporated into new employee orientation. 5. CFSA LAP staff shall take reasonable steps to ensure that all staff members (particularly those in public contact positions) are trained annually on how to access language access services and on cultural competency.
	Procedure F: Oral Language Services 1. CFSA's LAP shall ensure that CFSA's LEP and NEP clients/customers have access to and receive the same quality of oral language service as its English proficient clients/customers. 2. Oral Language Services include telephonic services and face-to-face language access services.
	Procedure G: Telephonic Interpretation Services 1. Telephonic interpretation is a service the CFSA's LAP provides when an interpreter is needed over the phone instead of in person. This type of service is especially useful when the interpreter is needed for a short period such as for a medical appointment or to communicate long distance by telephone. 2. CFSA staff will have access to over-the-phone interpretation 24 hours a day, 7 days a week. 3. CFSA uses Language Line Services for telephonic interpretation and each Language Line Interpreter is bound by confidentiality to ensure privacy.
	Procedure H: Request for Face-To-Face Interpretation Services 1. In Face-to-Face interpreting, the Interpreter and the client communicate face-to-face. This is beneficial and ideal for smaller sensitive or complex situations that are diagnostic, investigations, home visits, or court hearings. 2. When interpreter services are needed, follow the steps outlined in Procedure I.
	Procedure I: Request for Translator/Interpretation Services 1. The LAP is the gateway to providing equal access to services CFSA clients regardless of their linguistic ability. The program ensures that LEP and NEP clients and families of CFSA have full access to services. 2. When translator/interpreter services are needed, the following steps are required: a. The request must be submitted as soon as possible but no less than 72 hours in advance to the LAC.

b. The requester (person requesting the service on behalf of the client) must have already ascertained the individual's linguistic ability

c. The requester must submit their request via e-mail to include the following contact information:

   i. Number of people expected in the meeting
   ii. Number of persons requiring an interpreter
   iii. Language spoken
   iv. When services are needed
   v. Type of service needed (i.e., consecutive interpretation, simultaneous interpretation, etc.)
   vi. Where (e.g., offsite, 200 I Street, SE Washington, DC 20003)
   vii. The purpose (i.e., Family Team Meeting, visitation, etc.)
   viii. The requester's contact information (i.e., Name, Title, Office Number, and Cell Phone Number)

d. The LAP must coordinate all requests for interpreter services including scheduling and arranging requested appointments by reaching out to in-house staff and, if warranted, contracted providers

e. The LAP must inform the requester and the requester must advise the client that an interpreter will be provided at no cost to him/her (the CFSA shall pay for the salaries, fees, expenses, and cost for providing interpreter services)

f. The requester or applicable staff person must place appropriate notation (i.e., LEP-French) on the outside of the client's file, indicating that an interpreter will be needed when working with this client

g. If an interpreter is not available on the preferred date, the LAP will coordinate another date with the requester and the requester shall contact the client to inform him or her of the next available date.

h. Once an interpreter has been identified and the date and time has been confirmed, the Language Access Request Form or data base shall be appropriately annotated.

i. A client may waive his/her right to an interpreter or translator. If that right is exercised by the client, CFSA must obtain written acknowledgement of each LEP/NEP client who waives his/her rights to interpretation services prior to the individual accessing services.

Procedure J: Written Translation of Vital Documents

1. LAP shall provide written translation of vital documents into any non-English language spoken by a LEP/NEP population that constitutes 3% or 500 individuals, whichever is less, of the population served or encountered by CFSA. These documents shall include, but not limited to applications, notices, complaint forms, outreach materials, and other documents that notify individuals about their rights or eligibility requirements for benefits and participation. All vital documents that are translated into any non-English spoken by a LEP/NEP population shall be widely distributed within CFSA, accessible at points of entry, and available online (no cost).

	2. Translation of "non-vital documents" shall be provided on an as needed basis which includes cases where a translation is not a viable option (no cost). *Note*: *A full list of translated vital documents is available on CFSA's intranet.*
	Procedure K: Limited English Proficiency (LEP)/No English Proficiency (NEP) 1. It is the policy of CFSA's LAP to ensure equal access to services for LEP/NEP clients/customers. 2. Agency staff shall not deny access of any services rendered or offered by the CFSA to any LEP/NEP client/customer person. 3. CFSA's staff shall make reasonable efforts to ensure that LEP/NEP clients receive the language assistance necessary to allow them access to CFSA services in a timely manner and in a way that preserves confidentiality.
	Procedure L: Client/Customer Rights The District of Columbia and CFSA protects the rights of persons who are LEP or NEP. The D.C. Language Access Act of 2004 obligates CFSA to provide equal access and participation in public services, programs, and activities for residents of the District of Columbia (to include persons known to the CFSA) who cannot speak, read, write, or understand English. They shall have the right to: 1. Request and receive interpreter services at no cost 2. Request and receive vital documents in their own language at no cost 3. File a complaint (*see Procedure O*).
	Procedure M: American Sign Language Services 1. CFSA clients may request ASL Services. 2. To request sign language services, the requester shall provide the following information: a. Date, time, location, and expected length of the assignment b. Type of situation (tour, court hearing, interview, etc) c. Communication need and type (i.e., someone to "sign" in English, Spanish, etc) i. If the assignments will last 2-3 hours, two interpreters will be required. ii. If an interpreter is required for a meeting, conference, etc., the ASL Coordinator shall request a copy or outline of the information that will be covered and if applicable, ask for a copy of the agenda and any other printed materials that will be distributed. d. CFSA staff may request a sign language interpreter by contacting the Agency's Office of the Deputy Director for Program Operations.

	Procedure N: Bilingual Staff 1. The CFSA's LAP shall take reasonable steps to screen self-identified CFSA bilingual staff members that request to be placed on CFSA's active list of interpreters. They will be screened to determine that they can: a. Fluently and accurately communicate in the language(s) in which they claim proficiency b. Interpret effectively to and from other languages and English Interpret exact concepts (Interpreters cannot distort the meaning of the Interpretation) c. Understand the obligation to maintain confidentiality 2. When a staff member or LAC has reason to believe that an interpreter from a professional agency, a telephone interpreter service, or a CFSA bilingual staff member acting as an interpreter is not qualified or properly trained to serve as an interpreter or is hampering effective communication between CFSA and a client who is LEP or NEP, the LAC, shall obtain another interpreter.
	Procedure O: Community Outreach The LAP shall ensure that applicable Administrations/Programs are aware of the LAA requirements for community outreach. Under the LAA, CFSA, as a covered entity, shall: 1. Conduct public meetings 2. Organize events in LEP/NEP communities (including fairs, community meetings, forums, educational workshops) 3. Disseminate information through LEP media outlets (including local TV, newspapers, and radios) 4. Partner with community based organizations for the implementation of projects and/or delivery of services 5. Distribute flyers, brochures, and other printed material in diverse languages and at diverse locations 6. Implement a topic-specific campaign to raise awareness of a particular service or project in a LEP/NEP community 7. Sponsor educational, informational, cultural and/or social events in LEP/NEP communities 8. Participate in LEP/NEP community events and/or meetings 9. Co-sponsor community events with LEP/NEP community base organizations

	10. Participate in and/or cosponsoring events that targets the District's LEP/NEP communities with other District government agencies 11. Organize regular needs assessment meetings with LEP/NEP community based organizations
	Procedure P: Filing a Complaint 1. The DOJ Title IV Complaint Form shall be the complaint form provided by the LAC to any client/customer that express a desire to file a complaint based on the delivery of services or in other discriminatory actions. 2. If any LEP/NEP client/customer desires to file a public complaint concerning alleged violation of the LAA or in other discriminatory actions, the LAC shall provide the client with a copy of the Department of Justice (DOJ) Title IV Complaint Form and receive all submitted complaints. Any LEP/NEP client/customer may also file a complaint with the D.C. Office of Human Resource (OHR). 3. Any CFSA staff member who receives a LAA complaint from a client/customer or customer must: a Ensure the client/customer or customer has received a copy of the Title IV Complaint Form (*see Attachment D*) b. Submit in writing using a CFSA Unusual Incident (UI) Report form within 5 business days from the date of the incident c. The complainant's contact information must be written on the CFSA's UI Report form d. A copy of the UI Report must be forwarded by the CFSA staff to his/her immediate supervisor and LAC 4. If a complainant has difficulty (due to language barriers) filing a complaint, the complaint may be filed on his/her behalf by a person or organization with an interest in the welfare of the complainant. All complaints must be submitted in accordance with item number 3 above. 5. The LAC shall report complaints to the D.C. LAD. The D.C. LAD will forward a copy of the complaint to the District's OHR. 6. Complaints filed with the OHR under the provisions of the LAA may be voluntarily withdrawn at the request of the complainant at any time prior to the District's LAD's investigation and findings, except that the circumstances accompanying a withdrawal may be fully investigated by the District's LAD. *Note: This complaint form is for any complaints of discrimination regarding race, color, and national origin in the delivery of programs and services. This complaint form does not address complaints regarding ineligibility (see Procedure R). A copy of the DOJ Title IV Complaint Form is attached to this policy, available by contacting the LAP, and on line at the following link: http://www.usdoj.gov/crt/cor/complaint.php.*

	Procedure Q: Contract Providers (Covered Entities) 1. Pursuant to Section 2(2) of the LAA, covered entities are any District government agency, department, or program that furnishes information or renders services, programs, or activities directly to the public or contracts with other entities, either directly or indirectly, to conduct programs, services or activities to the public. 2. CFSA, as a covered entity, shall ensure that its community partners, contractors, and grantees comply with the same requirements as CFSA.

DEFINITIONS

Access or Participate – To be informed of, participate in, and benefit from public services, programs, and activities offered by a covered entity at a level equal to English proficient individuals.

American Sign Language (ASL) – A visually expressive language, complete with a grammar and syntax of its own (and separate from that of English), ASL is non-verbal and has no written form.

Bilingual – A person who s assessed and certified as “proficient” in both the English language and a language other than English DCHR and/or CFSA’s HRA.

Client – A child, youth, or family member who seeks or receives services referred or paid by CFSA or a CFSA-contracted agency (i.e., Services for the Deaf & Hard of Hearing Policy).

Complainant – An individual, group of individuals, or organization(s) that brings or files a public complaint alleging violations of the Language Access Act against an agency, generally titled the Defendant or Respondent.

Confidentiality – The legally required process and ethical practice of not disclosing private information about a client without the client's consent as well as not soliciting private information from a client unless it is essential in assuring safety, providing services, or achieving permanence for children. In specific circumstances, professionals may be compelled by law to reveal some information, such as a threat of harm, to designated authorities.

Covered Entity – Any District government agency, department, or program that furnishes information or renders services, either directly or indirectly, to conduct programs, services, or activities (the term "covered entity" shall not include the Advisory Neighborhood Commissions).

Customer: An individual or person, who has interaction with CFSA (i.e., not a client).

Hard of Hearing – A functional hearing deficit. A person who is hard of hearing may use visual

communication or assistive devices such as hearing aids or amplification devices.

Interpreter or transliteration – A neutral bilingual, bicultural “third party” fluent in both English and the target language, trained to convey communications between two or more parties who do not share a common language.

Interpreting – The act by a third party of receiving a spoken or signed message in one language and

Interpretation – Oral/verbal conversion of the meaning of a dialogue from one language to another language and vice versa.

Limited English Proficient (LEP) Individuals – Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Linguistic and Cultural Competency Training – Training that educates, informs, instructs or guides agency staff on how to provide readily available, culturally appropriate oral and written language services to LEP/NEP individuals through such means as bilingual/bicultural staff, trained interpreters, and qualified translators.

Non-English Proficient (NEP) Individuals – Individuals who cannot speak or understand the English language at any level.

Oral language services – The provision of oral information necessary to enable LEP/NEP individuals to access or participate in programs or services offered by a covered entity.

Public Contact Position (PCP) – Position in a covered entity for which the primary responsibilities include greeting, meeting, serving or providing information or services to the public. These are positions that require personal contacts with the public, community and civic organizations, or any combination of these groups.

Qualified Interpreter – Person “who is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary.

Telephonic Interpretation – Over-the-phone interpretation service that provide professionally trained qualified interpreters in various languages.

Translation – The written conversion of texts in the source language into texts written in the target language, retaining the meaning and intent of the original source text and producing a culturally competent product. All translators providing translation services to the District must be certified and/or otherwise qualified.

TTY, TDD, TT – A device that allows typed conversations over ordinary phone lines between two parties with compatible equipment or through the Relay Service.

Vital Documents – Applications and their instructions, notices, complaint forms, legal contracts, correspondence, and outreach materials published by a covered entity in a tangible format, including but not limited to those which inform individuals about their rights and responsibilities or eligibility requirements for benefits and participation, as well as documents that pertain to the health and safety of the public. The term "vital documents" shall include tax-related educational and outreach materials produced by the Office of Tax and Revenue, but shall not include tax forms and instructions.

Child and Family Services Agency Language Access Quick Reference Guide
Telephone Services

To provide the highest quality of service, CFSA must be sensitive and responsive to individual cultural backgrounds, preferred languages and styles of communication. The Child and Family Services Agency (CFSA) guarantees equal access to language services regardless of ones race, color, gender, religion, national origin, physical, or mental disability. In addition, the CFSA seeks to make sure that those who are deaf or hard of hearing also have equal access to language services regardless of their communications circumstances.

200 I Street, SE

Washington, DC 20003

Language Access Coordinator

Reference Guide for Telephone Language Line Services

For easy access to language line services, **when receiving** a call:

1. **Press conference hold** button to place the limited English speaker on hold.
2. Dial **1 (866) 874-3972**
3. Enter on your telephone keypad or provide the information to the representative:
   a. You may press) or stay on the line for assistance.
   b. Enter the 6-digit Client ID: **511111**.
   c. Press 1 for Spanish.
   d. **Press 2 for all other languages** (Speak the name of the language at the prompt). An interpreter will be connected to the call.
   e. **Please enter: Secured Access Code** ***Note:*** *(Each Administration has its own code).*
4. **Brief the interpreter**. Summarize what you wish to accomplish and give any special instructions.
5. **Add the Limited or Non-English proficiency client** to the line.

If you need assistance when placing a call to a Limited or Non-English proficiency client, you may **press 0** to transfer to a representative at the beginning of the call.

Note: *When* ***placing a call*** *to a limited or non-English proficiency client, begin at step 2.*

Quick Reference Guide for TTY Services

The text teletype machine (TTY) is a machine to make telephone calls by people who are deaf, hard of hearing, or speech impair. The following instructions are useful for the correct handling of TTY calls:

- If you don't have a TTY, you may call a person who is deaf, hard of hearing or speech-impairment by using the Telecommunications Relay Services (TRS).
- There are only a few people who use TTY's, many deaf and hard of hearing people use the TRS to communicate over the phone. The TRS is provided by the phone company to allow TTY users access to communication with non-TTY users. The procedures for making a relay call are:

1. Call the TRS with the number in the front pages of the telephone book (Each State has a different number).
   - District of Columbia **800-643- 3768**
   - Maryland **800-735-2258**
   - Virginia **800-828-1120**
2. You will hear or see a TRS message. The message will say "may I have your number please").
3. Say or type the number you want to call.
4. While your number is being relayed, talk or type as though you are speaking directly to the person you called. Your conversation will be relayed.
5. Each time you finish speaking or typing, say "Go Ahead" or type "GA" to indicate hat you are ready for the other person to respond.
6. When you are done with your call and you would like to make another TTY call, don't hang up. The TTY system will be ready to place your next call.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

LANGUAGE ACCESS REQUEST FORM

Date: _____

Requester (CFSA Representative)

First Name:	Last Name:	Administration:	Contact Number:

Client

Client Name:	First Name:	Middle Initial:	Last Name:	Maiden Name:
Please Check: ☐ Limited English Proficiency (LEP) ☐ No English Proficiency (NEP)				
FACES Identification Number:				
Primary Language(s) Spoken: ☐ Spanish ☐ Mandarin ☐ Other ☐ French ☐ American Sign Language ☐ Vietnamese ☐ Amharic				

Service

Translator/Interpreter Information	Appointment Day	Appointment Time	Start Time	End Time
Agency Name:				
Phone No.				

Meeting Type:	
Number of people expected to attend:	
Number of persons that will require translation:	

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

U.S. Department of Justice
Civil rights Division
Coordination and Review Section

Title IV COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Coordination and Review Section. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1.* State your name and address.

Name: _____

Address: _____ Zip _____

Telephone No: Home: ( ) _____ Work: ( ) _____

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

Name: _____

Address: _____ Zip _____

Telephone: Home: ( ) _____ Work: ( ) _____

Please explain your relationship to this person(s).

_____

3.* Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

Address: _____ Zip _____

Telephone No: ( ) _____

OBM No. 1190-0008
Expires: 07/31/2010

4A.* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

4B.* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

____ Race/Ethnicity: _____

____ National origin: _____

____ Sex: _____

____ Religion: _____

____ Age: _____

____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name:

Telephone No: ( )

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____ Zip _____

Telephone No: ( ) _____

8.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

9. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

_____

_____

10.* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

_____

_____

11. The laws we enforce prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

_____

12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name Address Area Code/Telephone

13. Do you have any other information that you think is relevant to our investigation of your allegations?

14. What remedy are you seeking for the alleged discrimination?

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.)?

Yes ____ No ____

If so, do you remember the Complaint Number?

Against what agency and department or program was it filed?

Address: Zip

Telephone No: ( )

Date of Filing: DOJ Agency:

Briefly, what was the complaint about?

_____

_____

What was the result?

_____

16. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Comments:

_____

_____

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

19.* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

_____
(Signature)

_____
(Date)

Please feel free to add additional sheets to explain the present situation to us.
We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form.
Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice
Civil Rights Division
Coordination and Review Section - NWB
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306
Voice: (202) 307-2222
TDD: (202) 307-2678

20. How did you learn that you could file this complaint?

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21. If your complaint has already been assigned a DOJ complaint number, please list it here: _____

If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

EMPLOYEE UNUSUAL INCIDENT (UI) REPORT

PART 1 – REPORTING SOURCE

Name of Reporter: _____

Title/Position: _____

Administration: _____

Telephone Number: _____ d. Date Reported: _____ e. Time Reported: _____

Has this incident been reported to Risk management? _____ Yes _____ No _____ Don't Know _____

If yes, please provide the following information to the best of your knowledge:

Person Reporting Incident to Risk Management: _____

Title/Position: _____

Administration: _____

Telephone Number: _____ d. Date Reported: _____ e. Time Reported: _____

PART 2 – TYPE OF INCIDENT

Type of Incident: _____

Date of Incident: _____ Time of Incident: _____

Location/Place of Incident: _____

Individuals Involved and/or Witnesses to the Incident (to include contact information of each person):

PART 3 – DETAILS OF INCIDENT

(WHO? WHAT? WHEN? WHERE?)

_____

_____

_____

PART 4 – INTERVENING ACTION(s) TAKEN AND BY WHOM

_____

_____

_____

PART 5 – (FOR RISK MANAGEMENT USE ONLY)

_____

_____

_____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Disability Rights

Braille

PUBLIC NOTICE FOR PERSONS WITH DISABILITIES

District Government agencies will provide auxiliary aids and services when necessary to ensure that communication with individuals with vision, hearing, and speech disabilities is as effective as communication with nondisabled individuals. **No fee will be charged for auxiliary aids.**

Auxiliary aids and services include:
Sign language interpreters, written materials or notes, TTYs, or assistive listening devices Braille, large print, taped, or electronic documents; and accepting and placing calls through the **TTY Relay Service (7-1-1)**

To request auxiliary aids, contact your service provider or the agency ADA Coordinator at least 5 days in advance:

Dexter Starkes
(Name)

Dexter.Starkes@dc.gov
(E-mail)

PHONE: 202-724-7447 TTY: 800-643-3768

Or contact the Office of Disability Rights
ODR@dc.gov
202-724-5055 (V) • 202-727-3363 (TTY)

NOTE: The District will attempt to provide auxiliary aids with less than 5 days notice, but cannot guarantee availability.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

CFSA-Language Access
Interpreter Service Waiver

I,_____ , understand that CFSA Language Access Services offers qualified interpreters to all limited and no-English proficiency individuals, either in person or by telephone at no cost. I am declining **(_____) initial here** these services and instead to have an adult friend or family member interpret for me. I acknowledge that CFSA staff has discussed with me the inherent risks in using friends or family members, including but not limited to:

a. Family members or friends who may not have the language or interpreting skills required to interpret accurately and completely

b. Family members or friends who may not feel bound to uphold the same standards of privacy and confidentiality as a professional interpreter

c. Issues which may arise that are sensitive and/or difficult to discuss through a family member or friend

I voluntarily and knowingly decline the interpreter services offered by CFSA Language Access Program. In doing so, I understand the potential risks involved and agree to assume those risks. Therefore, I am choosing to have an adult friend or family member to interpret for me.

I understand that the CFSA official must utilize the interpreter or interpreter service for their own benefit and shall not rely on my family member or friend to interpret official government business.

Client Name (please print)	Witness Name (please print)	Date
Client Signature	Witness Signature	Date