

**Wright County Health & Human Services
Human Services Center
1004 Commercial Drive, Buffalo, MN 55313
763-682-7400 (voice)
763-682-7400 (TTY/TDD)
763-682-7701 (fax)**

Comprehensive Civil Rights Plan

**Contact Person: Jami Goodrum Schwartz,
Human Services Director/Civil Rights Coordinator
Wright County Health & Human Services, 1004 Commercial Drive
Buffalo MN 55313**

The purpose of this plan is to ensure that civil rights policies and procedures are developed and applied consistently throughout Wright County Health & Human Services (WCHHS). Further, this civil rights plan is effective evidence of WCHHS's intent to comply with federal and state civil rights laws, including Title VI of the Civil rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Americans with Disabilities Act of 1990, Title II, Community Services Assurance Provisions of the Hill-Burton Act, Family Violence and Services Act, and the Food Stamp Act of 1977. The plan is posted in the public reception area of CSS.

Policy for Equal Opportunity in Service Delivery

It is the policy of Wright County Health & Human Services to make sure that program benefits and services are made available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Wright County Health & Human Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. "Sex" includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges. Wright County Health & Human Services employees, programs, and policies must also allow physical and program access for people with disabilities.

This civil rights policy covers Wright County Health & Human Services' full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Wright County Health & Human Services. The Minnesota Human Rights Act also applies to the work of Wright County Health & Human Services and the agencies carrying out the work of Wright County Health & Human Services.

Some state laws provide greater protections than federal law. In these cases, Wright County Health & Human Services will follow state law.

Civil Rights Complaint Procedure

You have the right to fair treatment if you are an applicant, client, or member of the public trying to access human services program information or benefits. You may file a complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or because of your public assistance status. Someone discriminates against you when he/she treats you unfairly or denies you privileges you would normally have because of something about you, like your race, the color of your skin or because you are a person with a disability.

You may file a discrimination complaint with WCHHS. You must file your complaint within one year of the alleged discrimination. WCHHS may extend the one-year period if you can show good cause for not filing sooner. You must file a written complaint. This means you must complete and sign the WCHHS Civil Rights Complaint Form. To get a Civil Rights Complaint Form, contact:

Civil Rights Coordinator
Wright County Health &
Human Services 1004
Commercial Drive
Buffalo, MN 55313
763-682-7400 (voice)
763-682-7400 (TTY/TDD)
763-682-7701 (fax)

If you file a complaint, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing the complaint. This protection against retaliation also protects anyone who gives information about the complaint on your behalf. If you experience retaliation, report it right away to the Civil Rights Coordinator at WCHHS.

Upon receiving your complaint, WCHHS will review it and notify you in writing, within 30 days, regarding whether it has authority to investigate. If WCHHS has authority to investigate and your complaint includes facts that support the allegations of discrimination, WCHHS will conduct a prompt and thorough investigation to determine whether the facts support a finding of discrimination.

If WCHHS concludes that the facts support a finding of discrimination, it will take appropriate action to correct the discriminatory practice. WCHHS will notify you of the outcome of the investigation within 60 days of the date the investigation began. Depending upon the circumstances involved, there may be reason to extend this time line.

Appeal

You have the right to appeal the outcome of the investigation if you are not satisfied with the decision. To appeal, you must send a written request to review the outcome of the investigation. Be brief and state why you disagree with the decision, plus any additional information that may apply. Send your request to the attention of the Civil Rights Coordinator for WCHHS. Use the address listed above. The review will go to the director, and that decision will be the final determination of WCHHS. (This appeal process is not the same appeal process that WCHHS offers to challenge program decisions.)

WCHHS is not an enforcement agency. It can investigate situations where policies prohibiting discrimination may have been violated. You are always free to file a discrimination complaint with other appropriate agencies, including enforcement agencies.

Help to file your complaint

If you have questions or need help to file your complaint, call 763-682-7400 and ask for the Civil Rights Coordinator. To send a fax, dial 763-682-7701.

Other Agencies

You may also file a civil rights complaint with the state Department of Human Services and with state and federal enforcement agencies.

State Department of Human Services

The Minnesota Department of Human Services (DHS) oversees county administration of human services programs in Minnesota. You may file a complaint with DHS. You must file your complaint within one year of the date of the alleged discrimination. You must file a written complaint. Contact the DHS Civil Rights Coordinator by calling or writing to:

Civil Rights Coordinator
Minnesota Department of Human Services
Office for Equal Opportunity
P.O. Box 64997
St. Paul, MN 55164-0997
(651) 431-3040 (voice)
(651) 431-3041 (TTY/TDD)
(651) 431-7444 (fax)

Enforcement agencies

Minnesota Department of Human Rights

The Minnesota Department of Human Rights enforces the Minnesota Human Rights Act. You have one year after the alleged discrimination has occurred to file a complaint. For more information, contact:

Minnesota Department of Human Rights
190 East 5th Street, Suite 700
St. Paul, MN 55101
(800) 657-3704 (voice)
(651) 296-1283 (TTY/TDD)

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

The federal Office for Civil Rights carries out federal laws that protect you from discrimination in human services programs receiving federal funds from the U.S. Department of Health and Human Services. You have 180 days after the alleged discrimination has occurred to file a complaint. For more information, contact:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V

233 N. Michigan Ave., suite 240
Chicago, IL 60601
(312) 886-2359 (voice)
(312) 353-5693 (TTY/TDD)

U.S. Department of Agriculture (USDA)

The U.S. Department of Agriculture oversees the federal Food Stamps Program. State and county agencies run the programs for USDA. You have 180 days after the alleged discrimination has occurred to file a complaint. For more information, contact:

U.S. Department of Agriculture
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue SW
Washington, D.C. 20250-9410
(202) 720-5964 (voice and TTY/TDD)

A copy of the Wright County Health & Human Services Civil Rights Complaint Form is included on the next page of this plan.

(12/12/06)
(rev. 8/14/13)
(rev. 10/29/14)
(rev. 07/11/16)

Wright County Health & Human Services

Civil Rights Complaint Form: Discrimination in Service Delivery

Client / complainant information

CLIENT'S NAME			
CLIENT'S STREET ADDRESS	CITY	STATE	ZIP CODE
CLIENT'S TELEPHONE NUMBER	Name, address and telephone number of someone who will know how to reach you (optional)		

Information about discriminating agency and/or parties

Agency name and/or person's name	AGENCY TELEPHONE NUMBER		
AGENCY STREET ADDRESS	CITY	STATE	ZIP CODE

Information about discrimination (circle as many as apply)

Race, color, national origin, sex, creed, religion, political beliefs, age, disability, public assistance status, sexual orientation
If you filed this charge with any other agency, please give the name, address and telephone number of the agency and the name of the investigator assigned to the case.

Details of discrimination

<p>Explain what happened to you, including the following points:</p> <ul style="list-style-type: none"> Explain why you believe you were treated differently. Explain how you were treated differently from other people. Give the date(s) of the incident(s). Give the name(s) of the people who were directly involved. If there were any witnesses, give their name(s) and explain what information they can provide. <p>If you need more space, attach additional pages.</p>		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-right: 1px solid black; padding: 5px;">Signature</td> <td style="padding: 5px;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

For additional information or help in completing this form, contact:
 WCHHS Civil Rights Coordinator
 763-682-7400 (voice) 763-682-7701 (fax) 763-682-7400 (TTY/TDD)

County Human Services Notification Form

WCHHS will utilize the County Health & Human Services Notification Form (Attachment F of DHS Bulletin #06-89-01, DHS Announces Comprehensive Civil Rights Plans for County Human Service Agencies) to notify DHS in writing of all service delivery discrimination complaints filed against WCHHS.

ADA/504 Coordinator

The ADA/504 Coordinator for Wright County is:

Lee Kelly, County Administrator
Wright County Administration
10 2nd Street NW, Buffalo, MN 55313
763-682-7378 (voice)
763-682-7719 (TTY/TDD)

This information is posted on the official Wright County Bulletin Board located in the public hallway of the Wright County Government Center.

DHS' ADA Brochure: Do you have a disability?

DHS' ADA Brochure: [Do you have a disability? \(DHS-4133-Eng\)](#) is a document that provides required disability rights information to the public. It is included in all rights and responsibilities information packets given to applicants/clients, and is posted in the public reception area of WCHHS.

Annual Limited English Proficiency (LEP) Plan Review

WCHHS was reviewed for the 2006 year and was approved by the Department of Human Services. The entire [LEP](#) is available for review at Wright County Health & Human Services.