TITLE VI IMPLEMENTATION PLAN AND COMPLAINT PROCEDURE

Hope Clinic for Women

September 2016
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I. Overview

a. Title VI prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits, or be subjected to discrimination under any program activity receiving Federal financial assistance.” 42 U.S.C. §2000(d).

b. Title VI applies to discriminatory acts based on race, color, or national origin and specifically prohibits the exclusion of individuals or groups from participation in, or enjoying the benefits of, federal programs.

c. Hope Clinic for Women has adopted a plan to ensure that any programs receiving federal grant funds are in compliance with Title VI. Hope Clinic for Women is committed to ensuring that no person is excluded from participation in, or denied the benefits of Hope Clinic’s prevention program on the basis of race, color, or national origin.

II. Responsible Official

a. Renée Rizzo, President/CEO, has overall responsibility for implementation, compliance and reporting with respect to Title VI. Inquires related to these activities should be directed to: Renée Rizzo, Hope Clinic for Women, 1810 Hayes Street, Nashville, TN 37203.

III. Title VI Coordinator/Compliance Officer Contact

a. Sara Ellis, Hope Clinic for Women, 1810 Hayes Street, Nashville, TN 37203.
IV. Title VI Information Dissemination

a. Title VI information posters shall be prominently displayed (in both English and Spanish) in Hope Clinic for Women’s facility.
b. The name of the Title VI coordinator will be available on the Hope Clinic for Women’s Title VI information posters and website.
c. Title VI information shall be disseminated to Hope Clinic for Women’s employees during initial orientation and annually thereafter.
d. Hope Clinic for Women will include a formal Title VI compliance clause in its contracts with all subcontractors.
e. Hope Clinic for Women will make available Title VI information to its vendors, subcontractors, and other parties with whom it contracts so that these entities are clearly informed of their own responsibilities under Title VI standards. If a provider or subcontractor is determined to be in noncompliance with Title VI, they must be given a written notice.

V. Programs or Activities Subject to Title VI

a. Prevention Program is subject to Title VI because of the receipt of the Abstinence Education Grant for 2016-17, which provides specific funds to provide abstinence education to at-risk youth in high-risk zip codes. The program uses federally approved, evidence-based curricula with pre-/post-testing.

VI. Complaint Procedures

a. Filing a complaint.
   i. Complaints may be filed using the form attached to the Appendix.
   ii. A complaint may be filed by anyone who believes that Hope Clinic for Women has discriminated against a participant on the basis of race, color, or national origin.
   iii. Complaints must be filed within one hundred eighty (180) days of the activity which prompts the filing of the complaint.
   iv. Complaints may be filed with Hope Clinic for Women’s Title VI Compliance Officer, Sara Ellis, at: Hope Clinic for Women, 1810 Hayes Street, Nashville, TN 37203.
v. Upon receipt of a written complaint, the compliance officer shall review the complaint and shall file, within seven (7) days, a concise statement with the Responsible Official regarding the nature of the complaint and the steps to be taken to investigate or resolve the complaint.

vi. A complainant may withdraw a complaint at any time before final action by filing with the compliance officer a written statement of his or her desire to withdraw the complaint.

b. Investigating complaints.

i. Upon receipt of the complaint by an individual or at the time the compliance officers becomes independently aware of actions which may constitute a violation of Title VI, the compliance officer shall take necessary action within thirty (30) days to investigate and recommend specific actions to resolve the complaint. A report shall be filed by the compliance officer with the Responsible Official within that period.

ii. The complainant shall be notified in writing of the results of the investigation and any actions taken.

iii. Hope Clinic for Women shall attempt to maintain the confidentiality of the complaint and the name of the complainant.

iv. The complainant shall be notified in writing, within 30 days of the resolution of a complaint, by the Responsible Official or the Title VI compliance officer of the resolution of a complaint. A state of corrective action shall include specific statements of action to be taken or prohibited actions and shall include a timetable for implementation.

VII. Training

a. Each of the program administrators will be trained by a training seminar administered by the State of TN annually.

b. All employees will receive a copy of this Title VI plan.

VIII. Recordkeeping

a. The Title VI compliance office will maintain a log of all complaints filed with Hope Clinic for Women.
b. The Title VI compliance officer will maintain copies of complaint forms and will ensure that they are available to the public for use. The form will also be available on the Hope Clinic for Women website.

c. The Title VI compliance officer will maintain copies of complaints for five years following the final resolution of a complaint.

IX Limited English Proficiency (LEP)

a. "Limited English Proficiency (LEP)" is defined as the inability to speak, read, write, or understand the English language at a level that permits a service recipient to interact effectively with staff in accessing services and benefits.

b. Executive Order 13166 (August 11, 2000) requires all agencies that receive federal funding to provide services that are accessible to persons with Limited English proficiency.

c. Not providing services that are accessible constitutes discrimination based on national origin.

d. When there is a language barrier, the client/client's assistant will be informed of the available interpreter services. Every effort will be made to locate appropriate interpreters, as client needs present.

e. Hope Clinic for Women will maintain an annual implementation plan regarding accessing language assistance as needed, the scope of assistance to be provided, the resources needed to provide assistance, and arrangements that must be made to access these resources in a timely manner.

f. Trained and competent interpreters are utilized at each stage of service at no charge to the client where oral/written communication assistance is needed to provide services due to language barriers based upon national origin.

g. Title VI posters informing clients of their rights to program access under Title VI provisions will be placed in all applicable materials handed to clients and in waiting areas. This information and posters is maintained in any regularly encountered languages as well as in English.

X. Appendices

a. Complaint Form
b. Title VI Client Information
c. Agency Poster
d. 
Title VI Complaint Form

Complaints must be filed within 180 days of the alleged act of discrimination.

1. What is the name of the person discriminated against?
   - Name ____________________________________________________________
   - Address _______________________________________________________
   - City, State, and Zip Code _________________________________________
   - Telephone (Home) (_____ ) ____________________ (Business) (_______ ) ____________

2. What is the name and address of the institution, agency, or person that you believe discriminated against you?
   - Name ____________________________________________________________
   - Address: _________________________________________________________
   - City, State, and Zip Code _________________________________________
   - Telephone Number (_____ ) _____________________________

3. What was the reason you believe you were discriminated against? Was it because of your:
   - a. Race [ ]
   - b. Color [ ]
   - c. National Origin [ ]

4. When do you believe that the discrimination took place? ________________________________

5. In your own words, explain what happened and who you believe was responsible. Please be as specific as possible. You may attach additional sheets if needed.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
7. Are you filing this complaint for someone else? ☐ Yes ☐ No

If yes, against whom do you believe the discrimination was directed?

First Name ___________________________ Last Name _______________________

8. Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply:
Federal agency ☐ Federal court ☐ State agency ☐ State court ☐ Local agency ☐

9. What is the name of the contact person at the agency/court where the complaint was filed?

Name ________________________________________________________________

Agency/Court Name ______________________________________________________

Address ______________________________________________________________

City, State, and Zip Code _________________________________________________

Telephone Number (______) ______________________________________________

10. Please sign below. You may attach any written materials or other information that you think can be helpful to us in looking into your complaint.

_________________________________________ _________________
Complainant’s Signature Date

This form may be mailed to: Sara Ellis
Hope Clinic for Women
1810 Hayes Street
Nashville, TN 37203
Title VI Client Information

What is Title VI?
A federal law, which is part of the Civil Rights Act of 1964 that protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. It is illegal for any division or contractor affiliated with Hope Clinic for Women to withhold or refuse benefits, services on funding based on race, color or national origin. Language barriers are covered by Title VI protection.

What Title VI Covers:
All programs, benefits and services provided by Hope Clinic for Women to Prevention Program participants.

To file a complaint:
A written report should include:

- Your name, address and phone number
- How, why and when you felt discriminated against (include names, dates and as much background as possible)
- Your Title VI complaint must be in written form, signed and filed within 180 days from the date of the alleged discrimination. This complaint may be filed by an individual, a class or by a third party. If the complaint is submitted by a third party, their relationship to the applicant must be included.
- You may obtain a complaint form from Sara Ellis, Business Manager, Hope Clinic for Women.

Limited English Proficiency:
LEP is covered by Title VI protections. Hope Clinic for Women must make reasonable accommodations for persons with LEP in the provision of services.

Give your Title VI Complaint to:
Sara Ellis, Business Manager, Hope Clinic for Women.
Title VI of the Civil Rights Act of 1964 prohibits federally assisted programs from discriminating based on race, color or national origin.

Prohibited Practices Include:

- Denying program services because of race, color or national origin.
- Applying different standards for the same types of services.
- Segregating clients solely because of race, color or national origin.
- Restricting access to program services or benefits.
- Impairing human dignity by manner of address or treatment.
- Failing to make allowances for limited English proficiency (LEP).

Should you feel you have been discriminated against, contact:

Sara Ellis, Hope Clinic for Women Title VI Compliance Officer

El Título VI del Decreto de Derechos Civiles de 1964 prohíbe que los programas que reciben ayuda del gobierno federal discriminen en base a raza, color o nacionalidad de origen.

Las Prácticas Prohibidas incluyen las siguientes:

- Negar servicios en base a raza, color, o nacionalidad de origen.
- Aplicar estándares diferentes para el mismo tipo de servicio.
- Segregar a los clientes únicamente en base a raza, color, o nacionalidad de origen.
- Restringir acceso a servicios o beneficios del programa.
- Impedir la dignidad humana por manera de dirigirse o tratamiento.
- No considerar a las personas con dominio limitado del inglés (LEP).

Si usted considera que ha sido víctima de actos de discriminación, póngase en contacto:

Sara Ellis, Hope Clinic for Women Title VI Compliance Officer
Title VI Statement for Employees, Subcontractors and Vendors

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All Hope Clinic for Women staff, subcontractors and vendors must comply with this law.