



## **Procedure for Handling Civil Rights Complaints**

BGCBC is committed in all areas to providing an environment that is free from discrimination and harassment. All people are welcome at BGCBC regardless of race, religion, sex, age, national origin, marital status, sexual orientation, gender assignment, political ideology, or ability. We will not tolerate discrimination and harassment based upon an individual's sex, race, ethnicity, national origin, age, sexual orientation, religion, or any other legally protected characteristics. All Club staff, youth members, and volunteers are expected and required to abide by this policy. We strive to engage youth in programs that support the development of cultural competency. Our programs help youth understand and respect their own culture and the cultures of others, where they are able to contribute to a multicultural society and demonstrate acceptance for differences among people.

### ***Non-Discrimination Statement – 10/15 Revision***

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

### ***BGCBC Procedures***

Complaints of discrimination should be given to the Boys and Girls Club of Benton County's Director of Culture & Wellness.

Although the use of a form is not required for a person filing a complaint of discrimination, if the person is unwilling, unable, or not inclined to put the complaint in writing, the person taking the complaint shall do so (use the attached form). Complaints of discrimination should contain as much as possible of the following information:

1. Name, address, e-mail address, and telephone number or other means of contacting the complainant.
2. The specific location and name of the entity providing the services/benefits.
3. A description of a specific action that caused the complainant to believe that discrimination was a factor.
4. Basis on which the complainant feels that discrimination occurred (race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity).

5. Name and titles, if known, and addresses of persons who may have knowledge of the discriminatory action.
6. The date(s) the alleged discriminatory actions occurred or the duration of such action.

***USDA Complaint Filing Procedure – 10/15 Revision***

To file a program complaint of discrimination to the USDA:

- Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:  
<https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint>
- Or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.
- Submit your completed form or letter to USDA by:

(1) Mail to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights:

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)



**BOYS & GIRLS CLUB  
OF BENTON COUNTY**

**BGCBC Civil Rights Complaint Form**

**Name of Complainant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of Site/Unit Providing Services:** \_\_\_\_\_

**Address of Site/Unit Providing Services:** \_\_\_\_\_

**Date that discriminatory action or incident occurred:** \_\_\_\_\_

**Describe the discriminatory action or incident:**

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On what basis does the complainant believe they were discriminated against (race, color, national origin, gender, age, disability, reprisal or retaliation for prior civil rights activity?).

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Persons who may have knowledge of the discriminatory action:

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Phone Number</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____