

Information on filing a Discrimination Complaint



For more information,
please contact
Department of Social Services
Division of Legal Services

Phone: 605.773.3305

Email: dssinfo@state.sd.us

Online: dss.sd.gov/keyresources/discrimination



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RETURN ADDRESS:

PLACE
STAMP
HERE

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES
700 GOVERNORS DR
PIERRE, SD 57501-2291

FOLD AND CLOSE WITH TAPE BEFORE MAILING

Filing a Discrimination Complaint Policy

It is the policy of DSS to make sure applications for program benefits and services are made available to everyone and are approved to all who meet program eligibility standards. Staff, programs and policies must not discriminate against clients or applicants for services because of actual or perceived race, color, sex, age, disability, religion or national origin.

DSS must also provide fair and equal access to all of its programs and services for people with disabilities; including both physical access to buildings and access to programs and services. It is a violation of the DSS Nondiscrimination Policy when inequitable practices, based on the above mentioned factors, occur in the delivery of services.

Some of these practices are:

- ✓ Denying services or benefits;
- ✓ Failing to provide appropriate interpreter services;
- ✓ Limiting access to services because of inaccessible facilities;
- ✓ Failing to make reasonable accommodations to allow full participation of people with disabilities in all programs, activities and services.

Notice of Nondiscrimination

As a recipient of Federal financial assistance and a state or local governmental agency, the Department of Social Services (DSS) does not exclude, deny benefits to or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities or services, whether carried out by DSS directly or through a contractor or any other entity with which DSS arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, or disability in admission or access to, or treatment or employment in, its programs, activities or services when carried out by DSS directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91 and 28 CFR Part 35, the Omnibus Crime Control and Safe Streets Act of 1968, Title IX of the Education Amendments of 1972,

Equal Treatment for Faith-based Religions at 28 CFR Part 38, the Violence Against Women Reauthorization Act of 2013 and Section 1557 of the Affordable Care Act.

Discrimination Complaints

If you have reason to believe that DSS has discriminated against you, please complete a discrimination complaint form and mail it within 180 days of the alleged discrimination. You can also contact the Discrimination Coordinator:

Division of Legal Services
700 Governors Dr
Pierre, SD 57501
605.773.3305
dssinfo@state.sd.us

In accordance with state and federal laws, you may also file a complaint with the following agencies:

South Dakota Division of Human Rights 605.773.3681

U.S. Department of Agriculture, Food and Nutrition Services (for discrimination in administering the SNAP [Food Stamp] Program)
Food and Nutrition Services, Mountain Plains Regional Office
Civil Rights Officer
1244 Speer Boulevard, Suite 903
Denver, CO 80204-3585

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Bldg
Washington, DC 20201

Filing a complaint with DSS does not preserve the timeframe for filing a complaint with any of the agencies listed above. You must contact each agency to determine their specific timeframe.

Retaliation

State and federal laws along with DSS policy prohibit retaliation. Any person, who has filed a complaint or assisted in the investigation of a complaint, shall not be intimidated, threatened, coerced or discriminated against. Complaints of this nature must be filed within 180 days of the alleged retaliatory act.

Discrimination Complaint Form

Instructions

Please complete the below form as best you can. You have 180 days from the alleged discrimination to file a complaint. You MUST sign and date the form before mailing it to the Department of Social Services.

Name (first and last) of person filing complaint:

Email address: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Name (first and last) and position of person who discriminated against you:

DSS Office Location: _____

The alleged discrimination was based on a service or program provided by (check all that apply):

- Child Care Services
- Child Protection Services
- Child Support Services
- Energy/Weatherization Assistance
- Medicaid/CHIP Services or Eligibility
- Recoveries and Fraud Investigation
- SNAP Program
- TANF Program
- Other program or services not listed (please specify below):

Basis of the alleged discrimination:

- Age
- Race
- Disability
- Color
- Religion
- Sex
- National Origin

How were you discriminated against? Briefly state what happened.

Signature: _____

Date: _____

Detach form here. Fold and seal with tape, then mail to the Department of Social Services