Department of Social Services
Division of Legal Services
700 Governors Drive
Pierre, SD 57501

605-773-3305
www.dss.sd.gov

Information on filing a
 Discrimination Complaint

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Filing a Discrimination Complaint with the Department of Social Services

Policy
It is the policy of the South Dakota Department of Social Services (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, sexual orientation, gender identity, 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 inaccessible 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 entity, the Department of Social Services 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 to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission to or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office of Violence Against Women.


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

Discrimination Coordinator
Director of DSS Division of Legal Services
760 Governor's Drive
Pierre SD 57501
605-773-3236
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) 773-3651
- U.S. Department of Agriculture, Food and Nutrition Services (for discrimination in administering the SNAP Food Stamp Program) write to:
  Food and Nutrition Services
  Mountain Plains Regional Office
  Civil Rights Coordinator
  1244 Spear Boulevard, Suite 903
  Denver, CO 80204-3585
- Office of Civil Rights
  U.S. Department of Health and Human Services
  200 Independence Avenue, S.W.
  Room 3091 HHSHelp.
  Washington, D.C. 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 requirements.

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

Name (first and last) of person filing complaint:

Email Address:

Home Address:

City/State/Zip Code:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

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

DSS Office Location:

The alleged discrimination was based on a service or program provided by (check all that apply):
- Adult Services & Aging
- Child Care Services
- Child Protection Services
- Child Support Services
- Energy/Weatherization Assistance
- Medicaid/CHIP Services or Eligibility
- Employment & Training
- SNAP Program
- TANF Program
- Victims Services
- Other program or service not mentioned above, please specify below.

Signature:

Date:

Basis of the alleged discrimination:
- Age
- Disability
- Race
- Color
- Sex
- National Origin

How were you discriminated against? State what happened (brieﬂy):