

## **MODULE 2**

### List of Handouts

1. Post Review Questions
2. Post Review Preferred Answers
3. Discrimination Complaint Form (DHS 6000)
4. Consent/Release Form (DHS 6006)
5. Request for Auxiliary Aid Form (DHS 6008)
6. Service Animals Guidance and Resources
7. Accessibility Policy and Resources
8. Disclaimer and Resources
9. Training Confirmation for DHS Service Providers, Contractors, and Vendors (sign, date, and retain for three years). Provide DHS contract person with list of employees who have completed both Modules 1, 2, and 3 no later than January 29, 2021.

## MODULE 2

### Post Review Questions (True or False)

1. The Department of Human Services (DHS) policies and procedures covering discrimination, harassment, opportunities to participate in programs, services and activities, and access can be found at <http://humanservices.hawaii.gov>.
2. Hawaii Revised Statutes, Chapter §368.1.5, applies to state programs, activities, and programs that receive state funds.
3. The Hawaii Civil Rights Commission was established by the state legislature to enforce the state's anti-discrimination laws.
4. I can get more information about the Hawaii Civil Rights Commission at <http://labor.hawaii.gov/hcrc>.
5. I may contact the DHS, Civil Rights Compliance Staff, to file a discrimination complaint or to request auxiliary aid for DHS services.
6. Discrimination in services refers to any service decision made or action taken because of a person's protected class, such as denial or delay of benefits and/or neglect in timeliness of providing benefits.
7. Retaliation for having filed a discrimination complaint or participating in an investigation is unlawful.

## MODULE 2

### Post Review Preferred Answers (True or False)

1. True. Department of Human Services (DHS) Policies and Procedures 4.10.1 Discrimination Complaint, 4.10.2 Harassment Prevention, 4.10.3 Opportunities to Participate, and 4.10.4 Access can be found in the Civil Rights Corner at <http://humanservices.hawaii.gov>.
2. True. Hawaii Revised Statutes, Chapter 368-1.5, applies to state programs, services, and activities that receive state funds directly or indirectly (service providers, contractors, and vendors).
3. True. The Hawaii Civil Rights Commission (HCRC) enforces Hawaii's anti-discrimination laws.
4. True. Information about the HCRC is available online, at public libraries or by visiting the office.
5. True. To file a discrimination complaint against a DHS employee or service provider, DHS Forms 6000 (Discrimination Complaint Form) and 6006 (Consent/Release Form) may be submitted to the DHS, Civil Rights Compliance Staff.  
  
False: Requests for auxiliary aids for DHS services are generally handled by the division/office where the service is being provided. DHS forms are available at <http://humanservices.hawaii.gov> in the Civil Rights Corner in multiple languages.
6. True. Denial or neglect in timeliness of providing services or benefits can be interpreted as discrimination in the provision of services. Limiting benefits in some cases can also be interpreted as discriminatory, such as with health insurance, for example.
7. True. Retaliation for having filed a discrimination complaint or participating in an investigation is not acceptable nor lawful.

**DISCRIMINATION COMPLAINT FORM**

NAME	XXX-XX	SSN (Last Four Digits)	PHONE (Home/Cell)	PHONE (Work)
ADDRESS	CITY	STATE	ZIP CODE	

EMPLOYER (Division/Unit), if applicable: \_\_\_\_\_

1. JOB TITLE: \_\_\_\_\_

2. BASIS OF ALLEGED DISCRIMINATION: Choose appropriate item(s).

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Age                                    | <input type="checkbox"/> Genetic Information                 | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Arrest/Court Records                   | <input type="checkbox"/> National Guard Absence              | <input type="checkbox"/> Veteran Status   |
| <input type="checkbox"/> Breastfeeding                          | <input type="checkbox"/> National Origin/Ancestry            | <input type="checkbox"/> Retaliation for Filing a Complaint or Participating in Complaint Process |
| <input type="checkbox"/> Child Support Assignment               | <input type="checkbox"/> Political Belief                    | <input type="checkbox"/> Harassment (Based On)*   |
| <input type="checkbox"/> Citizenship                            | <input type="checkbox"/> Race or Color                       |   |
| <input type="checkbox"/> Credit History                         | <input type="checkbox"/> Religion                            |   |
| <input type="checkbox"/> Disability (Physical or Mental)        | <input type="checkbox"/> Relationship Status                 |   |
| <input type="checkbox"/> Domestic/Sexual Violence Victim Status | <input type="checkbox"/> Sex/Gender (Expression or Identity) |   |

**\*Must Indicate Protected Class Basis**

Explain briefly what, if anything, you have done about the alleged discrimination. *(Attach additional sheets if you require more space.)*

\_\_\_\_\_

3. Does your complaint concern alleged discrimination in services delivery? ☐ Yes ☐ No4. Does your complaint concern alleged discrimination in employment? ☐ Yes ☐ No5. Is the alleged discrimination against you? ☐ No ☐ Yes, By Whom: \_\_\_\_\_6. Explain how and why you believe you were discriminated against. Please be *SPECIFIC* and include any names, dates, witnesses and places of the incident(s). *(Attach additional sheets if you require more space.)*7. Is the alleged discrimination against others? ☐ No ☐ Yes. List Name(s), Address(es) and Phone Number(s).

8. What is the specific date or period of time of the alleged discrimination?

9. Please indicate the relief/remedy you are seeking.

10. I will notify the Department of Human Services, Human Resources Office, Civil Rights Compliance Staff, P. O. Box 339, Honolulu, Hawaii 96809-0339, if I change my address or telephone number. I swear or affirm that I have read the above statements, and they are true to the best of my knowledge and belief.

**PLEASE COMPLETE, REVIEW, SIGN, DATE AND RETURN TO THE ABOVE ADDRESS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



The purpose of this form is to assist you in filing a complaint with the Department of Human Services.

You are not required to use this form; a letter is sufficient.

**HOWEVER, THE INFORMATION REQUESTED ON THE FORM MUST BE PROVIDED; WHETHER THE FORM IS USED OR NOT.**

(PLEASE READ THE NOTICE OF DISCRIMINATION COMPLAINTS AND NON-RETALIATION REQUIREMENT)

NOTICE TO INDIVIDUALS FILING DISCRIMINATION COMPLAINTS

Individuals alleging discrimination treatment in services and/or employment have a right to file a complaint using the Department of Human Services (DHS) Discrimination Complaint Form, DHS 6000 (Rev. 06/2014). A letter with the same information requested on the form can be used if necessary. The complaint should be sent to:

State of Hawaii  
Department of Human Services  
Human Resources Office/Civil Rights Compliance Staff  
P. O. Box 339  
Honolulu, Hawaii 96809-0339  
Phone: (808) 586-4955      Relay: 711  
Email: [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov)

Individuals also have a right to seek redress for their complaint through the appropriate collective bargaining unit, state or federal compliance agencies, and/or civil court action.

**CONFIDENTIALITY:** All information shall be held with strictest confidentiality, and release of information shall be allowed only when necessary to resolve the issue(s) in the complaint. A complainant Consent/Release Form, DHS 6006, will be required to begin an investigation.

**NON-RETALIATION:** Section 704(a) of the Civil Rights Act of 1964, as amended, states:

*"It shall be an unlawful employment practice for an employer to discriminate against any of his employees or applicants for employment, for an employment agency, or joint labor-management committee controlling apprenticeship or other training or retraining, including on-the-job training programs, to discriminate against any individual, or for a labor organization to discriminate against any member thereof or applicant for membership, because he has opposed any practice made an lawful employment practice by this subchapter, or because he has made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing this this subchapter."*

Persons filing charges of employment discrimination are advised of this non-retaliation requirement and are instructed to notify the DHS Civil Rights Compliance Staff if any attempt at retaliation is made as a result of their filing this complaint.

Additionally, laws enforced prohibit recipients of federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Individuals seeking services and/or employment with DHS are advised of this non-retaliation requirement and are instructed to notify the department's Civil Rights Compliance Staff if any attempt at retaliation is made as a result of filing a discrimination complaint relative to DHS services or programs.

**RIGHTS AND RESPONSIBILITIES:** The following highlights some rights and responsibilities and is not all inclusive:

1. You have the right to have an attorney represent you, at your own expense, or to have any other personal representative of your choice at any level of a grievance or discrimination complaint. Such representative shall not be a departmental, state or federal equal employment opportunity representative or human resources specialist.

2. You have the right to discontinue your complaint at any time by submitting a Complaint Withdrawal Form (DHS 6007).
3. You have the right to be notified of the steps taken in the complaint procedure, to be notified ahead of time of any inquiry or conference, and to be notified in writing of the decision reached at any level.
4. You have the right to reasonable accommodation, including and not limited to, language interpreters/translators, auxiliary aids, and/or facilities and accessible parking for individuals with disabilities. You are responsible for requesting required accommodations.
5. At any point in time, you have the right to file your complaint with the state or federal agencies listed in this notice as appropriate. You are responsible to inquire directly with these agencies regarding the steps necessary for redress.

The following is a list of additional entities where you might file a complaint as appropriate:

State of Hawaii  
Hawaii Civil Rights Commission  
830 Punchbowl Street, Room 411  
Honolulu, HI 96813  
Telephone: (808) 586-8636

U. S. Department of Justice  
Office for Civil Rights  
810 7<sup>th</sup> Street, NW  
Washington, DC 20531  
Telephone: (202) 307-0690

U. S. Department of Labor  
Office of Contract Compliance Programs  
Prince Kuhio Federal Building, Room 7326  
300 Ala Moana Boulevard  
Honolulu, HI 96850  
Telephone: (808) 541-2933

U. S. Department of Housing and Urban Development  
Office for Civil Rights  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410  
Telephone: (202) 708-1112  
TTY: (202) 708-11455

U. S. Department of Health and Human Services  
Director, Office for Civil Rights (OCR)  
Room 509-F, HHH Building  
200 Independence Avenue, SW  
Washington, DC 20201  
Telephone: 1-800-368-1019  
TDD: 1-800-537-7697  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
<https://hhs.gov/ocr/office/file/index.html> (Forms)

U. S. Department of Education  
Region IX, Office for Civil Rights  
915 Second Avenue, #3310  
Seattle, WA 98174-1099

U. S. Department of Agriculture  
Office for Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue, SW  
Washington, DC 20250-9410  
Telephone: (866)632-9992 (Toll Free) (Voice)  
(800) 877-8339 (Relay)  
(800) 845-6136 (Spanish Relay)  
Email: [programintake@usda.gov](mailto:programintake@usda.gov)

**OR**

Office for Civil Rights  
Food and Nutrition Service Western Region  
90 7<sup>th</sup> Street, Suite 10-100  
San Francisco, CA 94103  
Telephone: (415)705-1322  
TTY: (800) 735-2922

**CONSENT / RELEASE FORM**

Name: \_\_\_\_\_

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

**Please read, initial, sign and date this form.**

I understand that in the course of a preliminary inquiry or investigation, it might be necessary for the Department of Human Services (DHS), Civil Rights Compliance Staff (CRCS), to reveal my identity to persons at the organization under investigation, including personal information that is gathered as a part of the preliminary inquiry or investigation of my complaint. I understand that as a complainant, I am protected by federal regulations and DHS policies from retaliation for having taken action or participated in action to secure rights protected by non-discrimination statutes. **Confidentiality cannot be guaranteed.**

	<b>CONSENT GRANTED</b>
Initial here if you give consent.	<ul style="list-style-type: none"><li>▪ I have read and understand the above information and authorize DHS, CRCS, to reveal my identity to persons at the organization under investigation, and to federal or state agencies that provide financial assistance to the organization, and/or have responsibility for civil rights compliance.</li><li>▪ I authorize DHS to receive materials and information pertinent to the investigation of my complaint. This release includes, but is not limited to: applications, case files, personal records, and medical records; and will be used only for authorized civil rights compliance and enforcement activities.</li><li>▪ I understand that I am not required to authorize this release. I do so voluntarily.</li><li>▪ This authorization is effective for one year from the date of the authorization.</li></ul>

**OR**

	<b>CONSENT DENIED</b>
Initial here if you <u>deny</u> consent.	<ul style="list-style-type: none"><li>▪ I have read and understand the above information. I do not want DHS, CRCS, to reveal my identity to the organization under investigation or to review, receive, or discuss material, and consent information pertinent to the investigation of my complaint.</li><li>▪ I understand that by declining consent, it may make the investigation of my complaint more difficult and, in some cases, may result in the investigation to be closed.</li></ul>

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**RETURN** signed and dated form to:

Department of Human Services  
Human Resources Office/Civil Rights Compliance Staff  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

**SEND** questions to: [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov)

**REQUEST FOR AUXILIARY AID (CONFIDENTIAL)**  
**UNDER TITLE II OF THE AMERICANS WITH DISABILITIES ACT, AS AMENDED**

**DEPARTMENT OF HUMAN SERVICES**  
**CLIENTS AND APPLICANTS FOR SERVICES, PROGRAMS AND ACTIVITIES**

Date of Request: \_\_\_\_\_

Please Check One:

☐

Applicant

☐

Client

Requester's Name: \_\_\_\_\_

Program/Activity or Service: \_\_\_\_\_

Division/Section/Unit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

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**APPLICATION**

(To be completed by client/applicant)

1. I am requesting the following auxiliary aid(s): \_\_\_\_\_

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2. It is necessary for me to have this auxiliary aid(s) for the following reasons: \_\_\_\_\_

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Requester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERNAL USE ONLY - DETERMINATION**

Your request of \_\_\_\_\_ for an auxiliary aid(s) has been:  
(Date of Request)

☐

Approved

AUXILIARY AID(S) PROVIDED: \_\_\_\_\_

☐

Disapproved

REASON(S) DENIED: \_\_\_\_\_

☐

Approved with Modification: \_\_\_\_\_

☐

Approved for Trial Period from: \_\_\_\_\_ to: \_\_\_\_\_

Comments: \_\_\_\_\_

If you disagree with this determination, you may present additional information to further substantiate your request by contacting Geneva Watts, Civil Rights Compliance Officer, via e-mail at [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov) or call (808) 586-4955.

## REQUEST FOR AUXILIARY AID

### General Instructions

This form is meant to simplify the processing and recording of requests for auxiliary aids for Department of Human Services' clients and applicants for services who qualify under the Americans with Disabilities Act, as amended.

General Information: To be completed by DHS Client or Applicant for DHS Services making request.

Date of Request: Enter the date the request is made.

Please Check One: DHS Client or Applicant for Services

Requester's Name: Self-explanatory. Name the requester is using for services with DHS.

Program/Activity or Service: For example: SNAP, EBT Card, Nutrition.

Division/Section/Unit: Enter location where services are provided.

Mailing Address: Enter place where mail can be received by Client or Applicant.

Day Phone: Enter a daytime phone number where Client or Applicant can be reached.

Application: To be completed by DHS Client or Applicant for DHS Services making request.

Requesting Auxiliary Aid(s):

1. Describe specifically what requester believes is needed. Provide photograph where applicable.
2. Reasons: Describe the functional limitations that make this request necessary.

Requester's Signature: Self-explanatory. Standard signature that is recognizable.

Date: Enter the date application is signed by the requester.

Questions: Case worker, client or applicant may contact the DHS ADA Coordinator via e-mail at [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov) or call (808) 586-4955.

Determination: To be completed by Case Worker or Supervisor.

Date of Request: Enter date requester signed.

Approved: Accommodation(s) provided (for example: specific cost, dates, item(s), etc.)

Disapproved, Reason(s) Denied: When all or part of the request is denied, state specifically what is disapproved and reason(s) for disapproval.

Approved with Modification: When request is modified, state specifically how it differs from the original request and reason(s).

Approved for Trial Period: Enter start date and end date with comments relative to why the trial period is approved.

***PLEASE PROCESS IMMEDIATELY. DELAY IS SOMETIMES DENIAL.***

\*Important Note to Case Workers and Supervisors

It is important for the immediate supervisor to meet with the client or applicant for DHS services requesting accommodation to discuss the request, which is called the interactive process. More than one meeting is usually necessary. The case worker or supervisor must document the meeting date(s) and time(s), listing those present with specific information about functional limitations, accommodation alternatives considered and specifically what is being approved, disapproved with reason(s), modified with reason(s), and/or trial period being recommended.

An ICF from the immediate supervisor of the program/service through channels (with initials and date(s) signed) to HR/CRCS with specifics and photographs (where applicable), dates and times of discussion(s) with requester, estimated costs and timeframes, relationship to the services being provided, along with the original, signed request (Request for Auxiliary Aid) is needed prior to processing.

# Service Animals

## In places of public accommodation or state/local government programs

Different laws apply to housing, air travel, or employment situations.

A service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability.

A service animal must be allowed to accompany a person with a disability in all areas of the facility where members of the public, program participants, customers, or clients are allowed.

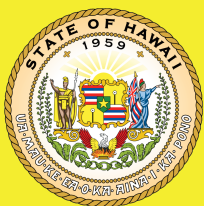
- You may ask only two questions to determine if an animal is a service animal if the need is not obvious (e.g., the dog is pulling a wheelchair or guiding a blind person)

*(1) Is this animal required because of a disability?*

*(2) What work or task has this animal been trained to perform?*

Then you must make an informed decision based upon the reply.

- You may not ask for service animal certification, documentation, or vest/patch as proof. A regular dog license can be required.
- The animal must be under the control of the handler at all times. The service animal must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the person's disability prevents the use of these devices.
- The animal may be excluded if:
  - (1) The presence of the animal would fundamentally alter the nature of the goods, services, program, or activity.*
  - (2) The animal poses a legitimate safety risk.*
  - (3) The animal is out of control and the handler does not take effective action to control it.*
  - (4) The animal is not housebroken.*
- Emotional, support, therapy, or companion animals that are not trained to perform a task for a person with a disability are NOT service animals. However, nothing prohibits an establishment (except for a food establishment) from voluntarily allowing non-service animals to come in.



State of Hawaii (10/19)

The information provided complies with the Americans with Disabilities Act and Hawaii State Law, Chapter 489, Hawaii Revised Statutes, for access to places of public accommodation and state or local government facilities.

For more information, go to

[https://www.ada.gov/regs2010/service\\_animal\\_qa.html](https://www.ada.gov/regs2010/service_animal_qa.html)

**Disability and Communication Access Board**

For more information contact [dcab@doh.hawaii.gov](mailto:dcab@doh.hawaii.gov)

## **MODULE 2**

### **Accessibility Policy**

If you use assistive technology and the format of any material on our website interferes with your ability to access the information, please email [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov) or call the Human Resources Office, Civil Rights Compliance Staff, at (808) 586-4955. In your message, please indicate the nature of your accessibility problem, the preferred format in which to receive the requested material, the web address of the requested material, and your contact information so that we may best serve you. The Department of Human Services wishes to ensure access to e-government is available to all individuals. The Hawaii Relay Service (dial 7 1 1) is also available to hearing impaired and deaf individuals.

In 1998, Congress amended the Rehabilitation Act to require federal agencies to make their electronic and information technology accessible to people with disabilities. Inaccessible technology interferes with an individual's ability to obtain and use information quickly and easily. Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals.

This standard was recently refreshed to include Web Content Accessibility Guidelines (WCAG), a globally recognized voluntary consensus standard for web content and information communication technology created by the World Wide Web Consortium (W3C). The WCAG 2.0 Level AA standard and the Web Accessibility Initiative Accessible Rich Internet Application Suite (WAI-ARIA) 1.0 techniques for web content, shall be used to measure accessibility and functionality of on-line content. The Department of Human Services looks to this standard for reliable guidance on meeting accessibility commitments and compliance for portal architecture sites. This site has been designed to be compatible with a wide variety of browsers and with assistive technologies in mind. Our goal is to continue to work to make access available to all individuals. Improving access to citizens with disabilities is one of our top priorities and any suggestions or comments are welcome.



## MODULE 2

### Disclaimer and Information

**Disclaimer:** Sources and resources used in Module 2 are all in the public domain and included but were not limited to websites, public presentations, federal and state laws, and implementing regulations.

**Information:**

**Websites:** <http://www.doj.gov>  
<http://www.hhs.gov/ocr>  
<http://www.hhs.gov/ocr/listserve/index.html>  
<http://www.lep.gov>  
<http://www.usda.gov>  
<http://www.federalregister.gov>

**Case Law:** Lau v. Nichols, 414 U. S. 563, 568 (1974)  
Plyler v. Doe, 457 U. S. 202 (1982)  
Mathews v. Diaz, 426 U. S. 67 (1976)  
Thomas v. Washington Cty. Sch. Bd., 915 F. 2d 922, 926 (4<sup>th</sup> Cir. 1990)

**Statutes and Regulations** Title VI Statutes, 42 U.S.C. §§ 2000d – 2000d-7  
Department of Justice Title VI Regulations (28 C.F.R. § 42.101 *et seq.*  
U. S. Department of Agriculture, FNS 113 Implementing Regulations  
Section 504 Rehabilitation Act U.S.C. § 794  
Section 1557 Affordable Care Act, 2010 and USHHS Final Rule 2016

**Resources:** <https://www.w3.org/WAI/WCAG21/quickref/?versions=2.0>  
<https://webaim.org>  
<https://www.section508.gov/content/sell/vpat>  
<http://www.itic.org/policy/accessibility/>

# Civil Rights Awareness – Module 2

## Training Confirmation for

### DHS Service Providers, Contractors & Vendors

I confirm that my supervisor and I have reviewed this Civil Rights Awareness Training.

SERVICE PROVIDER'S NAME (please print)

SERVICE PROVIDER'S SIGNATURE

DATE

SUPERVISOR'S NAME (please print)

SUPERVISOR'S SIGNATURE

DATE

Service Providers, please send signed confirmations ELECTRONICALLY to [DHSCivilRightsBox @dhs.Hawaii.gov](mailto:DHSCivilRightsBox@dhs.Hawaii.gov)  
no later than \_\_\_\_\_.

SERVICE PROVIDER/CONTRACTOR/VENDOR NAME (please print)

DATE