



## Discrimination Complaint Form Instructions (Nondiscrimination 1557)

People For People complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, disability, or any combination thereof.

People For People provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to assure effective communication.

To obtain more information or if you need assistance to file a complaint on People For People's non-discrimination obligations please contact:

<b>Website:</b>	<a href="https://mypfp.org/policies/#nd1557/">https://mypfp.org/policies/#nd1557/</a>
<b>U.S. Mail:</b>	People For People Attn: HR - Civil Rights Coordinator 302 West Lincoln, Yakima, WA 98902
<b>Phone/Language Line:</b>	(509) 248-6726
<b>Email:</b>	<a href="mailto:hr@pfp.org">hr@pfp.org</a>
<b>Fax:</b>	(509) 457-7897 Attn: HR -Civil Rights Coordinator
<b>TTY:</b>	TTY 711

If you have a complaint against People For People, alleging discrimination, you may file a signed, written complaint up to ninety (90) days from the date of the alleged discrimination. The complaint should include:

- Your name, mailing address, and preference for how to contact you (phone or email).
- How, when, where, and why you believe you were discriminated against. Include the location, names, and contact information for any witnesses.
- Other information that you deem significant.

People For People encourages all complainants to certify all mail that is sent through the U.S. Postal Service, and/or ensure that all written correspondence can be easily tracked. For complaints originally submitted by facsimile, an original signed copy of the complaint must be mailed to People For People's Human Resource Representative as soon as possible, but no later than 90 calendar days from the date the complainant became aware of the incident.

You may use the form on the following page to submit the complaint information. If you need assistance, please contact the Civil Rights Coordinator as previously indicated.



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Once a complaint is received, People For People will make every effort to address it in an expeditious and thorough manner. People For People shall send you a letter acknowledging receipt of the complaint within five business days. Then, you may be asked to provide additional information in order for the complaint to be processed. Once sufficient information for investigating the complaint is received, People For People may take up to thirty calendar days to prepare a written response letter.

If you are not satisfied with the outcome of the complaint, you have the right to:

- **Appeal the decision within fourteen calendar days of receipt of the final written response from People For People.**
- **File a complaint externally with the appropriate governing entity.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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*For additional space to answer questions, please attach additional sheets of paper or use the back of this form.*

1. Complainant's Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Preferred method of contact:  
Phone: \_\_\_\_\_ Optional phone: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Person discriminated against (if other than Complainant):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Date of the incident resulting in discrimination: \_\_\_\_\_
7. Describe the discrimination as clearly as possible: what happened and how you were discriminated against. Indicate names and their contact information of those involved (if available):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Where the incident happened (location, bus route, driver's name, etc.):  
\_\_\_\_\_  
\_\_\_\_\_



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9. Were there witnesses? Please provide their contact information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Did you file this complaint with another agency?      Yes      No

If you answered yes, please check each agency this complaint was filed with:

Federal Agency      Federal Court      State Agency      State Court

Local Agency      Other (Name: \_\_\_\_\_)

Provide the contact information for the agency you also filed a complaint with:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Filed: \_\_\_\_\_

11. Sign in the space below. You may attach any written materials or other information that supports your complaint.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date