



FCADV

Florida Coalition Against Domestic Violence

Civil Rights Compliance Questionnaire

DV CENTER NAME:	COUNTY/IES SERVED:	
POSTAL ADDRESS:	COMPLETED BY:	
CITY, STATE, ZIP CODE:	DATE:	TELEPHONE:

Part I.

1. Briefly describe the geographic area served by the program/facility and the type of service provided:

2. **POPULATION OF AREA SERVED.** Source of data: 2000 U.S. Census

Total #	% White	% Black/ African-American	% Hispanic	% Asian/ Pacific-Islander	% Native American	% Other	% Female

3. **STAFF CURRENTLY EMPLOYED.** Effective date:

Total #	% White	% Black/ African-American	% Hispanic	% Asian/ Pacific-Islander	% Native American	% Other	% Disabled	% Female

4. **INDIVIDUALS CURRENTLY PARTICIPATING IN CENTER PROGRAMS.** Effective date:

Total #	% White	% Black/ African-American	% Hispanic	% Asian/ Pacific-Islander	% Native American	% Other	% Disabled	% Female	% Over 40 Yrs.

5. **GOVERNING OR ADVISORY BOARD.**

Total #	% White	% Black/ African-American	% Hispanic	% Asian/ Pacific-Islander	% Native American	% Other	% Female

Part II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE.

6. Compare staff composition to the population. Are staff representative of the population? If N/A or No, explain. Yes No N/A

7. Compare the participant composition to the population. Are race and sex characteristics representative of the population? If N/A or No, explain.

8. Are eligibility requirements for services applied to individuals without regard to race, color, national origin, sex, age, religion, or disability? If N/A or No, explain.
9. Are all benefits, services, and facilities available to individuals in an equally effective manner regardless of race, sex, color, age, national origin, religion, or disability? If N/A or No, explain.
10. For residential services, are room assignments made without regard to race, color, or national origin? (Disabled individuals should be admitted to shelter without regard to disability status but room assignment should accommodate the individual's disability.) If N/A or No, explain.
11. Is the program/facility accessible to non-English speaking individuals? If N/A or No, explain.
12. Are employees, applicants, and participants informed of their protection against discrimination? If Yes, how? Verbal Written Poster If N/A or No, explain.
13. Give the number and current status of any discrimination complaints regarding services or employment filed against the program facility. **N/A** **Number**
14. Is the program/facility physically accessible to mobility, hearing, and sight-impaired individuals? If N/A or No, explain.

Part III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES.

15. Has a self-evaluation been conducted to identify any barriers to a person with a disability and to make any necessary modifications? If No, explain. **Yes** **No** **N/A**
16. Is there an established grievance procedure that incorporates due process into the resolution of complaints? If No, explain.
17. Has a person been designated to coordinate Section 504 compliance activities? If No, explain.
18. Do recruitment and notification materials advise applicants, employees, and participants of nondiscrimination on the basis of disability? If No, explain.
19. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If No, explain.

Part IV. FOR PROGRAMS OR FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000 OR MORE.

20. Does the program/facility have a written affirmative action program? If No, explain. **Yes** **No** **N/A**

FCADV USE ONLY		
Reviewed By		In Compliance: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Monitor		Notice of Corrective Action Sent:
Date	Telephone () ext.	Response Due:
		Response Received: