Civil Rights Compliance Questionnaire/Checklist

**DV CENTER NAME:**

**COUNTY/IES SERVED:**

**POSTAL ADDRESS:**

**COMPLETED BY:**

**CITY, STATE, ZIP CODE:**

**DATE:**

**TELEPHONE:**

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### Part I.

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

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### 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.

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

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**FCADV Civil Rights Questionnaire/Checklist**

**Rev. 2.2013**
8. Are eligibility requirements for services applied to individuals without regard to race, color, national origin, sex, age, religion, or disability? **Yes** **No** **N/A**

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? **Yes** **No** **N/A**

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.) **Yes** **No** **N/A**

11. Is the program/facility accessible to non-English speaking individuals? **Yes**, attach a copy of the center’s Limited English Proficiency (LEP) plan. **No** **N/A**

12. Are employees, applicants, and participants informed of their protection against discrimination? **Yes**, attach a copy of the means of information. **Verbal** **Written** **Poster** **No** **N/A**

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? **Yes** **No** **N/A**

15. Does the center have accessible parking, entrances and bathrooms as well as visual and audible fire alarms? **Yes** **No** **N/A**

16. Does the center have additional services sites? **Yes**, attach a list of site locations. **No** **N/A**

17. Has Civil Rights training been conducted for center staff? **Yes** **No** **N/A**

**Part III. The following questions apply to programs and facilities with 15 or more employees.**

18. Has a self-evaluation been conducted to identify any barriers to a person with a disability and to make any necessary modifications? **Yes** **No** **N/A**

19. Is there an established grievance procedure that incorporates due process into the resolution of complaints? **Yes** **No** **N/A**

20. Has a person been designated to coordinate Section 504 for Title VI compliance activities? **Yes**, attach a list of coordinators. **No** **N/A**
21. Do recruitment and notification materials advise applicants, employees, and participants of nondiscrimination on the basis of disability? If No, explain.

Yes ☐ No ☐ N/A ☐

22. Does the center have auxiliary aids to assure service accessibility to hearing and sight impaired individuals? If yes, attach a copy. If N/A or no, explain.

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

23. Does the program/facility have a written affirmative action program? If No, please complete the attached certification form and submit a copy. The original document should be maintained on file.

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STAFF ATTESTATION:

I attest that I, the undersigned, have read the above-listed questions and attest that the answers I provided are true, accurate, and complete to the best of my knowledge.

Printed Name of Individual Completing the Form __________________________ Date Completed __________________________

Signature of Individual Completing the Form __________________________