

NONDISCRIMINATION NOTICE & GRIEVANCE PROCEDURE

Nondiscrimination Notice:

TAP (Total Action for Progress) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TAP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TAP:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tabatha N. Cooper, Director of HR at 540-283-4802.

If you believe that TAP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tabatha N. Cooper, Director of HR:

Address: 302 2nd Street, SW
Roanoke, VA 24011
Phone: 540-283-4802
Fax: 540-345-1944
Email: Tabatha.cooper@tapintohope.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, TAP's Director of HR is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through

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Mailing Address: P.O. Box 2868, Roanoke, VA, 24001-2868



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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, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

Grievance Procedure:

It is the policy of TAP not to discriminate on the basis of race, color, national origin, sex, age or disability. TAP has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities or entity that receive HHS grants or federal financial assistance from any federal agency. Section 1557 and its implementation regulations may be examined in the office of TAP's Director of HR:

Address: 302 2nd Street, SW
Roanoke, VA 24011
Phone: 540-283-4802
Fax: 540-345-1944
Email: Tabatha.cooper@tapintohope.org

TAP's Director of HR has been designated to coordinate the efforts of TAP to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability may file a grievance under this procedure. It is against the law for TAP to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

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Procedure:

- Grievances must be submitted to the Director of HR within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Director of HR (and/or her designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Director of HR will maintain the files and records of TAP relating to such grievances. To the extent possible, and in accordance with applicable law, the Director of HR will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Director of HR will issue a written decision on the grievance, based on preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Director of HR by writing to the President/CEO within 15 days of receiving the Director of HR's decision. The President/CEO shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal and administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S.

Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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

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Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, TDD: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

TAP will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in TAP's internal grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Director of HR will be responsible for such arrangements.

Language Assistance Services:

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-540-283-4802 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-540-283-4802(TTY: 711)번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-540-283-4802 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-540-283-4802 (TTY : 711)

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العربية (Arabic)

1-540-283-4802 برقم اتصل بالامجان لك توافر رية ل لغو المساعدة خدمات ف إن اللغة، اذكر ت تحدث ك نت إذا هال صم وال بكم: 1(711). :ملحوظة رقم (283-4802)

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-540-283-4802 (TTY: 711).

فارسی (Farsi)

شما ی رایگان را به صورت یزبان ی لاتت سه ی دن یم گ فتگو ی فارس زبان به اگر ت وجه ف یم باشد یا (TTY: 711) 1-540-283-4802 ت ماس ی ری دب گ.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-540-283-4802 (መስማት ለተሳናቸው: 1-711).

أردو (Urdu)

کال - ی ہ ی ابد ست ی م م فت خدمات یک مدد یک زبان ک و آپ ت و، ی ہ ہ ول تے اردو آپ اگر ب: خ بردار ک ری س (TTY: 711) 1-540-283-4802

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-540-283-4802 (ATS : 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-540-283-4802 (телетайп: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-540-283-4802 (TTY: 711) पर कॉल करें।

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Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-540-283-4802 (TTY: 711)

বাংলা (Bengali)

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।

ফোন করুন ১-৫৪০-২৮৩-৪৮০২ (TTY: ১-৭১১)।

Bàsóò-wùdù-po-nyò (Bassa)

Dè dẹ nìà kẹ dyédé gbo: Ǿ jǔ ké m̄ [Bàsóò-wùdù-po-nyò] jǔ ní, níí, à wuḍu kà kò dọ̀ po-poò béin m̄ gbo kpáa. Ǿá 1-540-283-4802 (TTY:711)

Igbo asusu (Ibo)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na Call 1-540-283-4802 (TTY: 711).

èdè Yorùbá (Yoruba)

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-540-283-4802 (TTY: 711).

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