

COMPLAINT PROCEDURE

The Arkansas Department of Human Services (DHS) is operated, managed and delivers services without regard to age, religion, disability, political beliefs, sex, race, color, or national origin.

It is our commitment to promote the individual worth and dignity of those persons who may require government assistance to further their good health, as well as, provide other essential human services.

Notice

If you believe you have been discriminated against as an employee or as a recipient of DHS services because of your race, color, sex, religion, national original, age or disability, you may file a complaint of discrimination with the Office of Employee Relations/Office of Equal Opportunity. Any discrimination or rude treatment complaint must be filed no later than **180 days from the date of the alleged discriminatory action**.

Complaint Filing

I. All Food Stamp complaints alleging discrimination or rude treatment, filed with DHS, will be documented on Form DHS-1200. Form DHS-1200 may be obtained by requesting a copy from your DHS county office. If this form is unavailable for any reason or should you have any questions concerning this procedure, you may call or write to the Arkansas Department of Human Services at the telephone number and address below. If you wish to file a Food Stamp Complaint alleging discrimination or rude treatment, your complaint can be filed with these agencies:

DHS OER/OEO Director
Arkansas Department of Human Services
Office Of Employee Relations
205 Donaghey Plaza North
P.O. Box 1437, Slot #203
Little Rock, AR 72203-1437

Regional Civil Rights Director
USDA, Food and Nutrition Services
1100 Commerce Street, Room 5C-30
Dallas, TX 75242-1005

Telephone: (202) 720-5964 (Voice & TDD)

Telephone: (501) 682-6003
FAX: (501) 682-8926
TDD: (501) 682-7958

1. To file a complaint using this procedure you may either:
 - a) Submit a DHS-1200 or file a written statement with your county office or the DHS-Central Office in Little Rock.
 - b) Call in a complaint to the local county office or the DHS-Central Office in Little Rock at the number above.
2. Your complaint should include the following information:
 - a) Your name, address and telephone number;
 - b) Name of the DHS county office;
 - c) Date of the alleged discrimination or rude treatment;
 - d) Basis of discrimination or rude treatment (i.e.: race, color, national origin, age, sex, disability, political beliefs, or religion);
 - e) Name of person(s) who allegedly demonstrated discrimination or rude treatment; and
 - f) Describe the incident(s) which you felt was discriminatory or rude treatment.

3. If necessary, you may request the assistance of the DHS county office staff to file your complaint.

4. Within **fifteen (15) working days** after receipt of your complaint in the DHS-OER Office, you will be contacted.

Should you have any questions regarding this procedure, contact your DHS county office or call the OER Office at 501-682-6003; FAX 501-682-8926; or TDD 501-682-7958.

II. If you believe you have been treated rudely or believe you have been discriminated against while participating as a client or employee of a Department of Health and Human Services funded program (Medicaid, TEA, Child Care, etc.) and wish to file a complaint you may either:

1. File a written statement with DHS-Office of Employee Relations in Little Rock, address listed above.
2. File a written statement with the Department of Health and Human Services, address listed below.
3. Call in a complaint to the DHS-OER in Little Rock.
4. Within **fifteen (15) working days** after receipt of your complaint in the DHS-OER Office, you will be contacted.

Should you have any questions regarding this procedure, contact the OER Office at 501-682-6003; FAX 501-682-8926; or TDD 501-682-7958.

Retaliation

Any person who expresses an interest in filing a complaint may do so without fear of reprisal, intimidation, coercion and/or threats.

No person shall be adversely affected because he/she has made a charge, testified, assisted or participated in any manner in an investigation, review, proceeding or hearing under this policy.

Right To Appeal

I. If you wish to appeal the decision of the Department of Human Services concerning your Food Stamps Complaint, you may write to:

US Department of Agriculture
Director of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

II. If you wish to appeal the decision of the Department of Human Services concerning your complaint of rude treatment and/or discrimination while participating in a DHHS funded program, you may write to:

Department of Health and Human Services
Office for Civil Rights, Region VI
1301 Young Street, Suite 1169
Dallas, TX 75202