

Equal Employment Opportunity Policy

It is the policy of CCSFSC to create a favorable work environment which all employees, regardless of race, ethnicity, religion, disability, gender, sexual orientation, age, nation of origin and other protected classes can enjoy equal opportunities in their employment relationship with CCSFSC. In an effort to maintain equal employment opportunities, CCSFSC has recognized the need to adopt implement and periodically evaluate its Affirmative Action Program consisting of specific measures to be taken and its goals and statements.

CCSFSC policy on civil rights shall extend to all activities and programs which are conducted by other agencies, institutes, organizations or political subdivisions where program or financial assistance is made available by CCSFSC through sub-grants, purchase of services, contracts or other arrangements utilizing state or federal funds.

It further prohibits any employee, contractor or other agent of CCSFSC to engage in the following types of discriminatory conduct:

- A. Race, Ethnicity, Nation of Origin and Religion: Making statements, jokes or committing acts regarding a particular race, ancestry or religion that are regarded derogatory, offensive, prejudicial or harassing.
- B. Sexual Harassment/Marital Status: Intimidating or interfering with an employee's work or work environment through unwelcome, offensive or harassing sexual comments, questions or acts (implicitly or explicitly) including prejudicial statements or acts regarding pregnancy or marital status.

My signature documents written notification of the CCSFSC Equal Employment Opportunity Policy.	
Signature	Date









UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office of the Assistant Secretary for Civil Rights Program Discrimination Complaint Form

First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:	State:	Zip code:	
Alternate Telephone Numb	g with area code: per starting with area cod	de:	
Best Way to Reach You, (or Do you have a representation of the liftyes, please provide the	check one): Mail Phon tive (lawyer or other adv following information abo	ne E-mail Other: vocate) for this complaint? Yes out your representative:	_ No —
		Name:	
		State: Zip Code:	
	criminated against you? nvolved in the alleged dis	Use additional pages, if necessors	ary.
Please name the program	you applied for (if know	n/if applicable):	•

6. Remedies: How would you like to see th	nis complaint resolved?
7. Have you filed a complaint about the in agency or with a court? Yes: No: If yes, with what agency or court did you	ocident(s) with another federal, state, or local
When did you file?	Day Year
Signature:	Date:
Mail Completed Form To: USDA Office of the Assistant Secretary for Civil Rights 1400 Independence Ave, SW, Stop 9410 Washington, D.C. 20250-9410 E-mail address: program.intake@usda.gov	Telephone Numbers: Local area: (202) 260-1026 Toll-free: (866) 632-9992 Local or Federal relay: (800) 877-8339 Spanish relay: (800) 845-6136 Fax: (202)690-7442