

# 2018-2019 Catholic Charities Spokane Title VI Program

## Introduction

Catholic Charities Spokane is a Federal transit Administration (FTA) Sub-recipient to the Spokane Transit Authority (STA). STA will oversee Catholic Charities in carry out transportation services to its constituents and stakeholders provided through the 5310 award.

To meet Title VI program requirements. Catholic Charities Spokane has developed in concert with STA procedures to meet certain requirements such as a complaint process and public participation. Catholic Charities Spokane will rely upon the analysis and overall program efforts conducted by STA in meet requirements, (i.e. Public Participation Plan and Language Assistance Plan)

## General Reporting Requirements

### A. Title VI Notice to the Public

Catholic Charities Spokane notifies the public that it complies with the requirements of Title VI related statutes and regulations. Notices are posted at the agency's main office located at 12 E. 5<sup>th</sup> Avenue, Spokane Washington and on its website. The wording of the notice is as follows:

Catholic Charities Spokane hereby gives public notice that it is its policy to assure full compliance to Title VI of the Civil Rights Act of 1964, and related statutes and regulations in all programs and activities. Title VI requires that no person in the United States of America shall, on the ground of race, color, or national origin, be excluded from the participation in be denied the benefits of, or be subjected to discrimination under any program or activity for which Catholic Charities Spokane receives federal financial assistance.

Any person who believes they have been discriminated against on the basis of race, color or national origin by Catholic Charities Spokane may file a Title VI complaint by completing and submitting the Catholic Charities Spokane Complaint form. The form must be completed for the Catholic Charities to investigate. Catholic Charities Spokane does not investigate complaints received more than one hundred eighty (180) days after the alleged discriminatory occurrence.

Please contact the human resource department of Catholic Charities Spokane at (509) 358-4267 who will arrange a meeting with a language translator to assist you in completing the Title VI Complaint form.

If information is needed in another language, contact (509) 358-4267

Si necesita información en otro idioma, comuníquese al (509) 358-4267

Для получения информации на другом языке звоните по тел. (509) 358-4267

Nếu quý vị cần thông tin bằng một ngôn ngữ khác, xin vui lòng gọi số (509) 358-4267



**TITLE VI –COMPLAINT OF DISCRIMINATION ON THE BASIS OF TITLE VI AGAINST  
CATHOLIC CHARITIES SPOKANE**

**Complainant Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address/City/State/Zip code

\_\_\_\_\_  
Work phone # / Home phone # / Message phone #

\_\_\_\_\_  
Email address

**Aggrieved party contact information (if different from complainant):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to the Complainant

\_\_\_\_\_  
Street address/City/State/Zip code

\_\_\_\_\_  
Work phone # / Home phone # / Message phone #

\_\_\_\_\_  
Email address

Does the Complainant know you are filing this complaint? ☐ Yes ☐ No

\_\_\_\_\_  
**Date of Incident (month/day/year)**

Which of the following best describes the reason you believe the alleged discrimination took place? Select all that apply. What it because of your:

☐ Race

☐ Color

☐ National origin

☐ Sex

☐ National origin

☐ Other \_\_\_\_\_

**Statement of Complaint**

In your own words, describe the alleged discrimination. Explain what happened and who you believe was responsible. Include all facts upon which the complaint is based. Please attach additional sheets if needed.

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Please give the name(s), mailing address, home phone number and cell phone number for anyone who witnessed the alleged discrimination. Attach additional sheets if needed.

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What would you consider an appropriate resolution to your complaint?

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If you have filed a grievance, complaint or lawsuit regarding this matter anywhere else, give name(s) and address(es) of each place where you have filed. Attach additional sheets if needed.

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Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

**I affirm that the foregoing information is true to the best of my knowledge and belief. I understand that all information becomes a matter of public record after the filing of this complaint.**

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**Complainant**

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**Date**

Within 15 working days of receiving the completed complaint, Catholic Charities Spokane will acknowledge receipt of the complaint in writing. The letter will include information about the investigative steps to be taken and a timeline for resolution. If additional information is needed from the complainant, Catholic Charities Spokane will request that information be provided in writing to append to the original complaint. A final letter of resolution will be sent to the complainant on completion of the investigation.

Upon request, alternative forms of this document will be produced for people with disabilities. Call 509-358-4267 or email [lvarela@ccspokane.org](mailto:lvarela@ccspokane.org)

## **Title VI (Non Discrimination) Certification**

The Recipient agrees that it must comply with applicable federal civil rights laws, regulations, requirements, and guidance, and follow applicable federal guidance, except as the Federal Government determines otherwise in writing. Therefore, unless a Recipient or a federal program, is specifically exempted from a civil rights statute, FTA requires compliance with that civil rights statute, including compliance with the Nondiscrimination – Title VI of the Civil Rights Act.

The Recipient agrees to, and assures that each Third Party Participant, will:

- (1) Prohibit discrimination based on race, color, or national origin,
- (2) Comply with:
  - (a) Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d *et seq.*,
  - (b) U.S. DOT regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964," 49 C.F.R. part 21, and
  - (c) Federal transit law, specifically 49 U.S.C. § 5332, and
- (3) Follow:
  - (a) The most recent edition of FTA Circular 4702.1B, "Title VI Requirements and Guidelines for Federal Transit Administration Recipients," to the extent consistent with applicable federal laws, regulations, requirements, and guidance,
  - (b) U.S. DOJ, "Guidelines for the enforcement of Title VI, Civil Rights Act of 1964," 28 C.F.R. § 50.3, and
  - (c) All other applicable federal guidance that may be issued.

SUBRECIPIENT

By Monique P. Kolonko  
Authorized Representative

Print Name Monique Kolonko

Print Title Executive Vice President of Stabilization

Who by this signature certifies their authority to agree to comply with Title VI requirements on behalf of the SUBRECIPIENT

## Catholic Charities Spokane Non-Discrimination Notice

In accordance with Title VI of the Civil Rights Act of 1964, Catholic Charities does not discriminate on the basis of race, color or national origin. For more information on your rights or the procedures to file a discrimination complaint, or to request this information in an accessible format, please contact the Catholic Charities Human Resource Department (509) 358-4267 or (509) 455-3041 at the Catholic Charities Administration Office at 12 E. 5<sup>th</sup> Avenue 99201

If information is needed in another language, contact (509) 325-6094

## BUY AMERICA CERTIFICATE

A bidder or offeror must submit to the FTA recipient the appropriate Buy America certification (below) with all bids or offers on FTA-funded contracts, except those subject to a general waiver. Bids or offers that are not accompanied by a completed Buy American certificate must be rejected as nonresponsive.

### **Certification requirement for procurement of steel, iron, manufactured products, or rolling stock.**

*Certificate of Compliance with 49 U.S.C. 5323(j)(1)*

The bidder or offeror hereby certifies that it will meet the requirements of 49 U.S.C. 5323(j)(1) and the applicable regulation in 49 C.F.R. Part 661.5.

8-22-18  
Date

Monique P. Kolonko  
Signature

Catholic Charities Eastern Washington  
Company Name

Executive Vice-President  
Title



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND  
VOLUNTARY EXCLUSION IN A LOWER TIER COVERED TRANSACTION**

This contract is a covered transaction for purposes of 2 CFR Parts 1200 and 180. As such, the CONSULTANT or CONTRACTOR is required to comply with 2 CFR Part 180, Subpart C and must include the requirement to comply with 2 CFR Part 180, Subpart C in any lower tier covered transaction it enters into.

By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:

*The certification in this clause is a material representation of fact relied upon by Spokane Transit Authority. If it is later determined that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to Spokane Transit Authority, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 2 CFR Part 180, Subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.*

Company Name or Respondent: Catholic Charities Eastern Washington  
dba Senior Services Volunteer Choke

Company Address: PO Box 2253 Spokane WA 99210-2253

Telephone Number: 509-358-4250

Fax Number: 509-358-4259

Email Address: Mkolonko@ccspokane.org

Authorized Signature: Monique P. Kolonko

Printed Name and Title: Monique P. Kolonko Executive Vice President

Date Signed: 8-22-18

## CERTIFICATION REGARDING THE USE OF CONTRACT FUNDS FOR LOBBYING

The undersigned [Subrecipient] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

(2) If any funds other than Federal appropriated Funds have been paid or will be paid to any person for making lobbying contracts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement the undersigned shall complete and submit Standard Form ---LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31, U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Subrecipient, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Subrecipient understands and agrees that the provisions of 31, U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Monique P. Kolanko Signature of Authorized Official

Monique P. Kolanko Name and Title Authorized Official  
Executive Vice President

8-22-18 Date

## DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION

**DBE Participation:** STA is committed to ensuring that all firms regardless of race, color, sex or national origin have equal opportunity to participate in STA contracts. Therefore, STA has established an annual agency goal for DBE participation in its contracting opportunities. It shall be understood that no specific goal has been assigned to this contract; however, contractors and subcontractors are required to comply with the following:

**Non-Discrimination Assurances:**

The contract or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or other such remedy, as STA deems appropriate.

A copy of 49 CFR part 26 may be obtained by contacting STA's DBE Liaison, Spokane Transit Authority 1230 W. Boone, Spokane, WA 99201, (509) 325-6032.

**Prompt Payment:**

The contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than thirty days from the receipt of each payment the prime contractor receives from STA. The prime contractor agrees further to return retainage payments to each subcontractor within thirty days after the subcontractor's work is satisfactorily completed. Any delay or postponement of payment from the above time frames may occur only for good cause following written approval of STA. This clause applies to both DBE and non-DBE subcontractors.

**DBE Bidders List:**

STA is required to create and maintain a bidders list of all firms bidding on prime contracts and bidding or quoting on subcontracts on Department of Transportation-assisted contracts. To assist STA in compliance with this provision of the regulation, please complete and return with your proposal.

**Instructions:**

1. List the names and addresses of DBE firms that will participate in this contract;
2. A description of the work each DBE will perform;
3. The dollar amount of the participation of each DBE firm participating;

Name & Address of DBE Firm	Description of Work to perform	\$ Amount
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1.

2.

3.

Or

I Monique P. Kolonko (Signature) certify there are no DBEs

Monique P. Kolonko - Executive Vice President Name and Title Authorized Official

8-22-18 Date



**APPENDIX C****TITLE VI COMPLAINT PROCEDURE (GENERAL REQUIREMENT)****Background**

Recipients' Title VI Programs must include a copy of the agency's Title VI complaint procedure. The complaint procedure and complaint form shall be available on the recipient's website. The Title VI Complaint Procedure is a vital document. If any of the Limited English Proficient (LEP) populations in your service area meet the Safe Harbor threshold (see Chapter III), then the complaint procedure should be provided in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold. At a minimum, the complaint procedure should include a notice—"If information is needed in another language, then contact [phone number]"—should be stated in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold.

*The sample below is provided for the purposes of guidance only.*

**SAMPLE Title VI Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the City of USA Transit Authority (hereinafter referred to as "the Authority") may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The City of USA Transit Authority investigates complaints received no more than 180 days after the alleged incident. The Authority will process complaints that are complete.

Once the complaint is received, the Authority will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The Authority has XX days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has XX business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within XX business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has XX days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

**APPENDIX D****SAMPLE TITLE VI COMPLAINT FORM (GENERAL REQUIREMENT)****Background**

Recipients must create and make available a Title VI Complaint Form for use by customers who wish to file a Title VI complaint. The complaint form shall be available on the recipient's website. A recipient's Title VI Complaint Form shall specify the three classes protected by Title VI—race, color, and national origin—and allow the complainant to select one or more of those protected classes as the basis/bases for discrimination. The Title VI Complaint Form is a vital document. If any of the Limited English Proficient (LEP) populations in your service area meet the Safe Harbor threshold (see Chapter III), then the procedure should be provided in English *and* in any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.

*The sample below is provided for the purposes of guidance only.*

<b>Section I:</b>				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information				

of any witnesses. If more space is needed, please use the back of this form.

**Section IV**

Have you previously filed a Title VI complaint with this agency?

Yes

No

**Section V**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes☐ No

If yes, check all that apply:

☐ Federal Agency: \_\_\_\_\_☐ Federal Court \_\_\_\_\_☐ State Agency \_\_\_\_\_☐ State Court \_\_\_\_\_☐ Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form in person at the address below, or mail this form to:

Catholic Charities Spokane  
P.O. Box 2253  
Spokane, WA 99210-2253

**APPROVED BY EXECUTIVE DIRECTOR:**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**TITLE: Work Environment**

**PROCEDURE HR 1:** Catholic Charities provides an equitable work environment that is supportive of organizational productivity, diversity, and stability.

**HR 1.01** Catholic Charities does not unlawfully discriminate against any person or category of persons.

Related RPM 1, RPM 2.01

**Equal Employment Opportunity Statement**

Catholic Charities believes that equal opportunity for all employees is important for the continuing success of the organization. In accordance with state and federal law, Catholic Charities will not discriminate against an employee or applicant for employment because of race, disability, color, creed, religion, sex, marital status, age, national origin, ancestry, citizenship, veteran status, or non-job related factors in hiring, promoting, demoting, training, benefits, transfers, layoffs, terminations, recommendations, rates of pay or other forms of compensation. Opportunity is provided to all employees based on qualifications and job requirements.

**HR 1.02** Policy prohibits personnel from engaging in any form of harassment, as defined by federal, state, or local law.

Related RPM 1, RPM 2.01

**Anti-Harassment Policy**

In compliance with federal and state laws, it is the policy of Catholic Charities to prohibit sexual harassment of employees, participants and volunteers in the workplace by any person and in any form.

Catholic Charities policy on harassment includes:

- A statement that the organization will have zero tolerance for prohibited harassment;
- A clear definition of the kinds of behavior the organization recognizes as harassment;
- A prohibition against personnel harassing persons served, supervisees, colleagues, community representatives, or other persons or groups with whom they have contact as representatives of the organization;
- The organization's commitment to take necessary and appropriate action to prevent or eliminate harassment on the job; and
- A description of the process for reporting harassment to management.

Specifically, no Board member, employee, volunteer or participant will threaten or insinuate either explicitly or implicitly that an employee's refusal to submit to sexual advances will adversely effect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

Other sexually harassing conduct that may create a hostile working environment, whether committed by directors, supervisors, professional staff, program participants, volunteers, or vendors is also prohibited. Such conduct includes, but is not limited to:

- Unwelcome sexual flirtations, touches, advances or propositions;
- Verbal abuse of a sexual nature;
- Verbal comments about an individual's body;
- Sexually degrading words used to describe an individual;
- Jokes and stories of a sexual nature.

Any employee or volunteer who believes that he or she has been the subject of sexual harassment shall report the alleged act immediately to the Program, Associate, or Executive Director. The Director will ensure that complaints are resolved promptly and efficiently. The complaints will be investigated and the person will be advised of the findings. All findings related to the investigation will be kept as confidential as possible while ensuring a complete investigation.

Any supervisor, employee, participant or volunteer who is found, after appropriate investigation, to have engaged in sexual harassment of another person will be subject to appropriate disciplinary actions, up to and including termination.

**HR 1.03** The organization prohibits preferential treatment and nepotism with regard to hiring, supervision, and promotion.



In the event of an accident, client death through suicide or homicide, report of abuse/neglect, or other serious incident that is client or volunteer related and involves staff, an Incident Report should be completed.

1. Notify your Supervisor immediately. Your Program Director will notify the Balance of State office or will ask you to do so.
2. Complete the VS Incident Report or use your Agency Incident Report Form and follow supervisory directions.
3. Remember to document the incident carefully, completely and objectively.
4. Incident Reports that document client occurrences are filed in the client record.
5. Mail or fax a copy of the Incident Report to the Balance of State Director.

## **18.0 INSURANCE**

Insurance must be carried by each Subcontracting Program to cover at least the following contract requirements:

- Liability insurance on any vehicles used by the VS Program
- Accident insurance for volunteers
- Personal liability insurance for volunteers
- Excess liability insurance for volunteers using their own vehicles to transport clients or themselves to and from their assignments.

Subcontracting agencies are required to carry \$1,000,000 of liability insurance available for each injury occurrence.

A statement describing the insurance coverage provided is included in every VS volunteer's orientation material.

## **19.0 INFECTIOUS DISEASE**

VS staff must inform all volunteers that the Program cannot guarantee an environment free of risk from infection, but that the Program does everything it can to ensure that volunteers have all the information they need to keep themselves safe. Information outlining ordinary safety precautions must be included in each volunteer orientation and County health departments are excellent sources for this information.

## **20.0 ALCOHOL AND DRUG USE**

Volunteers are strictly prohibited from using alcohol or any controlled substance while serving or traveling to a client's home. Reports from a client or other persons that a volunteer has been with a client while using or while under the influence of alcohol or a controlled substance will result in immediate termination of the volunteer.

Volunteers have a right to serve with VS without being subjected to behavior(s) associated with drug or alcohol use/abuse. Volunteers should be instructed to immediately leave a client's home if the client is exhibiting such behavior, and to report the incident to VS staff. VS staff should complete an Incident Report and notify their supervisor.

## **21.0 HARASSMENT FREE SERVICES FOR CLIENTS AND VOLUNTEERS**

In order to insure that neither clients nor volunteers experience harassment of any kind in the course of their involvement with VS, all volunteer and client orientations will include a clear statement that VS prohibits verbal or physical behaviors that can be considered threatening, abusive, sexually inappropriate or make a client or volunteer uncomfortable. A statement will also be made that no participant in VS shall harass or be harassed. VS staff are covered under their Agency's harassment policies.

- Volunteers are informed of this Policy both orally and in writing through information provided at orientation and in the Volunteer Orientation material.

- Clients are informed of this Policy through information in the Client Information Pamphlet that is provided to each client at the beginning of service.

#### **21.1 INVESTIGATION OF ALLEGATIONS OF HARASSMENT PROCEDURES**

1. The Subcontracting Agency's policy and procedures covering harassment shall govern the investigation and resolution of such incidents. If no such policy and procedure are in place, contact the Balance of State office.
2. Notify your Supervisor immediately; services provided by or to the subject of the investigation, should be suspended during the investigation.
3. An Incident Report will be completed immediately and placed in a confidential file during the investigation. Copies should go to the Balance of State office by Fax, to your Supervisor and to others as indicated. Consult your Supervisor if you have questions regarding information routing. Following investigation and resolution, records are kept in a locked and secure location.
4. Remain objective and insure that all parties have an opportunity to be heard. Do not jump to conclusions or decisions before you have all the information.
5. Complaints and resolutions of harassment will be kept confidential. Provide information only to parties who have a need to know: Supervisor, Agency Human Resources personnel, other Agency personnel as appropriate, and the Balance of State Director.

#### **22.0 FREEDOM FROM EXPLOITATION**

VCS provides volunteer services in a manner that meets the needs of our clients. Client safety and freedom from exploitation is paramount. Clients receive a variety of services through VCS, some may be more visible to the local community and the client's natural supports (e.g., transportation and group projects) while other services may be less visible (e.g., housework and yard care).

To insure that clients receive services that are specific to their needs with the highest level of safety, the following protocol is established for clients who receive housework and yard care services from a volunteer who has been matched for a time period of one year. These clients are to receive a minimum of two (2) contacts per year one of which should be an in-person contact. VCS staff and/or skilled volunteers may conduct this type of contact. When contact has been made with the client, the following questions must be discussed:

- We're calling (visiting) to check in with you.
- What tasks does your volunteer assist you with?
- Do you have any personal care needs that you didn't have before?

Concurrently, regular communication should occur with volunteers of all types, but particularly with those who have been matched with clients for a time period of one year and provide housework and/or yard care assistance. Email and information updates regarding policies, rules and client-volunteer boundaries are to be provided. In person contacts with these volunteers should occur at least annually.

### **IV CLIENT SERVICES**

#### **22.0 CLIENT CONFIDENTIALITY**

Confidentiality is a client right. Only the client can waive his/her right to confidentiality. There are however, certain exceptions specified under Federal and/or State regulations, and in accordance with your Agency's policy:

1. In cases where there is suspicion of vulnerable adult abuse/neglect or, the abuse of a client by another professional.
2. In a medical emergency.
3. If there is a possibility that the client may be a danger to self or others.