



# Office of Temporary and Disability Assistance

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## Local Commissioners Memorandum

### Section 1

<b>Transmittal:</b>	20-LCM-03
<b>To:</b>	Social Services District Commissioners
<b>Issuing Division/Office:</b>	Employment and Income Support Programs
<b>Date:</b>	February 18, 2020
<b>Subject:</b>	Supplemental Nutrition Assistance Program (SNAP) Revised Civil/Human Rights Complaint Procedures
<b>Contact Person(s):</b>	SNAP Civil Rights Team (SCRT) 518-474-7693
<b>Attachments:</b>	<a href="#">Attachment 1: LDSS-5065 OTDA SNAP Civil/Human Rights Violation Complaint Form (Rev 10/19)</a> <a href="#">Attachment 2: OTDA Civil/Human Rights Complaint Compliance Agreement</a>
<b>Attachment Available Online:</b>	<input type="checkbox"/>

### Section 2

#### I. Purpose

The purpose of this release is to update social services districts (districts) on the statewide procedures for processing and resolving civil/human rights complaints concerning administration of the Supplemental Nutrition Assistance Program (SNAP). Responsive to direction from United States Department of Agriculture, Food Nutrition Service, Office of Civil Rights, the Civil/ Human Rights Violation Complaint Form [LDSS-5065](#) (Rev. 10/19) (Attachment 1) has been revised to comply with federal guidance.

Districts are asked to submit the OTDA SNAP Civil/Human Rights Complaint Compliance Agreement (Attachment 2), as necessary, to provide any needed updates to the contact information of the district's Civil/Human Rights Compliance Designee by March 19, 2020 per the specifications in Section III below.

#### II. Background

Federal and State law and policy prohibit discrimination against applicants and recipients of SNAP on the basis of membership in a protected class, which includes; race, color, national origin, age, disability, sex, religious belief, political belief, reprisal/retaliation, and where applicable, sexual orientation, gender identity, marital status and military status. In the continuing joint effort to ensure that each civil/human rights complaint is tracked and handled according to federal guidance, the Office of Temporary and Disability Assistance (OTDA) directs districts to follow the civil/human rights complaint investigation procedures described herein.

Additionally, districts are reminded that the federally required SNAP Complaint Procedures Poster [LDSS-8036](#) (Rev.11/19) for program complaints that are not civil/human rights in nature must be

posted in reception areas at all sites where SNAP applicants and recipients are served. The [LDSS-8036](#) (Rev.11/19) has been revised to update the OTDA Center for Employment and Income Supports to the OTDA Employment and Income Supports Programs. Districts must replace the 2/16 version with the 11/19 version upon the release of this directive.

### III. Program Implications

Pursuant to Federal and State requirements, all complaints alleging discrimination based on membership in a protected class must be processed within 90 days of receipt. All complaints alleging discrimination based on age must be referred for mediation within 5 days of receipt.

#### Local Designee

To that end, each district has appointed a local contact to investigate civil/human rights complaints by applicants and recipients of SNAP. The Civil/Human Rights Compliance Designee (Herein referred to as “Designee”) is responsible for conducting the investigation of complaint allegations and for submitting a report of finding to OTDA’s SNAP Civil Rights Team (SCRT). To avoid creating a conflict of interest, OTDA has instructed that, where feasible, the Designee be a staff person from outside the SNAP program area.

OTDA recommends as an ideal Designee a district affirmative action, equal employment officer, or a member of the district counsel’s office or the Commissioner’s office staff. If these candidates are not available, please contact OTDA’s SCRT to discuss alternative options.

Districts must review their previously selected Designee and make any necessary changes by completing and submitting the Civil/Human Rights Complaint Compliance Agreement (Attachment 2) by March 19, 2020. If the district’s Designee has not changed, no action is needed at this time.

Please submit updates to:

**New York State Office of Temporary and Disability Assistance**  
**SNAP Civil Rights Team (SCRT)**  
**Division of Legal Affairs**  
**40 North Pearl Street – 16C**  
**Albany, New York 12243**  
**Email: [accessibility@otda.ny.gov](mailto:accessibility@otda.ny.gov)**  
**Phone: 518-474-7693**

#### Complaint Process/Form

An applicant/recipient alleging discrimination based on a protected class should be given the SNAP Civil/Human Rights Complaint Form [LDSS-5065](#) (Rev. 10/19), for completion. The form has been updated to reflect federal guidance on civil rights complaint procedures. All outdated versions that may have been printed locally should be destroyed.

Where possible, clients should complete the complaint form themselves; however, district staff must complete the form on the client’s behalf if the client is unable or declines to complete the form.

All civil/human rights complaints received by the district should be forwarded to SCRT by regular mail or encrypted e-mail. Where the complaint is alleging discrimination based on age, the district, must contact SCRT immediately. After conducting a preliminary analysis and evaluation, SCRT will indicate if the complaint is accepted for investigation. If accepted for investigation, the complaint allegation will be forward to the Designee for district investigation. The district must complete the investigation within 30 working days of receiving the complaint or referral.

## Confidentiality

Client confidentiality is paramount. Therefore, the Designee shall conduct his/her investigation of the discrimination allegations separate and apart from any program issues. Likewise, all information regarding the complaint of discrimination should be kept in a confidential folder with limited access. There should be no information regarding the discrimination complaint in the client's program files, case comments or program complaint log.

## Records retention

Districts are required to maintain copies of all pertinent records of all reported civil/human rights complaints and the resolution of the complaint. These records are subject to both State and Federal audit and therefore must be readily retrievable for a period of seven years.

## IV. Forms Ordering Information

- The revised English and Spanish versions of the [LDSS-8036](#): "SNAP Complaint Procedures Poster" (Rev.11/19) is a Print on Demand form by the New York State Office of Temporary and Disability Assistance.
- The revised [LDSS-5065](#): "SNAP Civil/Human Rights Violation Complaint Form" (Rev. 10/19), is a Web Only form.
- The LDSS-5065: "SNAP Civil/Human Rights Violation Complaint Form" (Rev. 10/19) form is also available on the OTDA Intranet website in the following other than English languages: Arabic, Chinese, Haitian-Creole, Bengali, Korean, Russian and Spanish. To access the English and other than English languages go to the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm).
- The above referenced documents have been posted on the OTDA Intranet website at: [http://otda.state.nyenet/ldss\\_eforms/default.htm](http://otda.state.nyenet/ldss_eforms/default.htm) and may be available for downloading by local districts for reproduction locally, depending on print specifications.
- Upon the release of this LCM all previous versions, including other than English languages of the LDSS-8036: "SNAP Complaint Procedures Poster" (Rev.11/19), and LDSS-5065: "SNAP Civil/Human Rights Violation Complaint Form" (Rev.10/19), **must immediately be destroyed** and replaced with their respective versions.
- Any future requests for Print on Demand copies of the LDSS- 8036: "SNAP Complaint Procedures Poster" (Rev.11/19) should be submitted to the New York State Office of Temporary and Disability Assistance (OTDA) using either the OTDA 876EL (DOC) or OTDA 876 EL (PDF) available at the link above and either mail, fax or e-mail it to:

Office of Temporary and Disability Assistance  
BMS Document Services and Operational Support  
PO Box 1990  
Albany, NY 12201

E-mail: [forms.orders@otda.ny.gov](mailto:forms.orders@otda.ny.gov)

Social Services Districts (SSD) online forms ordering system: <http://formorders/>

Fax: (518) 402-0084

- Questions concerning ordering forms should be directed to BMS Document Services at: (518) 474-9522.

- Any previously approved Local Equivalent of the [LDSS-5065](#): “SNAP Civil/Human Rights Complaint Form” (Rev.10/19) form should be resubmitted, reflecting the current updates, to the mailing address below for review and approval.  
[otda.sm.Local.Equivalent.Requests@otda.ny.gov](mailto:otda.sm.Local.Equivalent.Requests@otda.ny.gov)

**Issued By**

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**Title: Deputy Commissioner**

**Division/Office: Employment and Income Support Programs/Office of Temporary and Disability Assistance**