

DEPARTMENT OF WILDLIFE AND FISHERIES

FEDERAL AID COMPLIANCE POLICY #41

2018 - Revised and Approved by Jack Montoucet, Secretary

I. DEPARTMENT COMPLIANCE REQUIREMENT POLICY

As a participant/recipient of federal aid, the State and its associated sub grantees must comply with all applicable Federal laws, regulations and policies. It will be the policy of the Louisiana Department of Wildlife and Fisheries (LDWF) that the designated coordinators of the Sport Fish and Wildlife Restoration programs and designated Human Resources staff will be the compliance officers for the Department with regard to the following requirements.

A. Nondiscrimination requirements

- 1. Title VI of the Civil Rights Act of 1964**
- 2. Section 504 of the Rehabilitation Act of 1973**
- 3. Age Discrimination Act of 1975**
- 4. Title IX of the Education Amendments of 1972**

B Environmental Requirements

- 1. Coastal Zone Management Act of 1992**
- 2. Executive Order 11987, Exotic Organisms**
- 3. Endangered species Act of 1973**
- 4. National Environmental Policy Act**
- 5. Flood plains and Wetlands Protection**
- 6. Animal Welfare Act of 1985**
- 7. Coastal Barrier Resources Act of 1982**

C. Historic and Cultural Preservation Requirements

- 1. National Historic Preservation Requirements of 1965**

D. Administrative Requirements

1. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
2. Debarment and Suspension
3. Drug-Free Workplace Act of 1988
4. Restrictions on Lobbying (P. L. 101-121)

II. **COMPLAINTS OF DISCRIMINATION AGAINST AGENCY PROGRAMS AND FACILITIES**

The LDWF, as a recipient of federal financial assistance, is required to comply with various nondiscrimination federal laws and regulations. These federal regulations require LDWF to obtain assurances from their sub-recipients that they agree to maintain records and submit reports on its programs and activities, that the sub-recipient will comply with all laws and regulations, and that the assurances provide a right to enforcement on all violation including discriminatory practices. The LDWF is responsible for investigating all discrimination complaints occurring within the federal aid program or its activities. Complaints naming a specific program or facility should be forwarded to the below address to initiate a timely, fair and impartial investigation.

The LDWF prohibits discrimination against the following:

- Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin
- Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability
- Age Discrimination Act of 1975, which prohibits discrimination on the basis of age
- Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex

Any person who believes they have been discriminated against based on race, color, national original, sex, age and/or disability may file a formal complaint by writing a letter or completing the discrimination complaint form. See Attachment A.

If you write your own letter, please ensure the following information is contained and clearly stated:

- The complainant's name, address and, if possible (although not required), a telephone number where the complainant may be reached during business hours;
- Information about the person(s) or class of persons injured by the alleged discriminatory act(s) (names of the injured person(s) are not required);
- The name and location (city and state) of the program or facility that committed the alleged discriminatory act(s); and
- A description of the alleged discriminatory act(s) in sufficient detail to enable the LDWF to understand what occurred, when it occurred, and the basis for the alleged discrimination.

The letter or form may be submitted through postal mail, fax, or email using the following information:

Department of Wildlife & Fisheries
P. O. Box 98000
Baton Rouge, LA 70898-9000
Email: complaintinfo@wlf.la.gov
Fax: 225-765-5044

III. LANGUAGE ASSISTANCE:

Persons who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English can be limited English proficient (LEP). In order to allow LEP persons to have meaningful access to LDWF's programs, services and information, language assistance may be provided in an appropriate form, including direct foreign language communication by fluent bilingual staff, oral interpretation services conducted in person or via telephone by qualified interpreters or written translation provided by qualified interpreters.

Any person requesting foreign language assistance should contact:

Las personas que no hablan inglés como su idioma principal y que tienen capacidad limitada de leer, hablar, escribir y/o entender inglés, serán clasificados como personas con conocimiento limitado en inglés. A fin de permitir que las personas con conocimiento limitado de inglés, tengan acceso completo a los programas,

servicios e información del Departamento de Vida Silvestre y Pesca de Louisiana (DVSPL), asistencia lingüística será proveída de manera adecuada. La comunicación será realizada en el idioma principal por personal bilingüe; ya sea en persona, por teléfono o escrita.

Cualquier persona que solicite asistencia en idioma extranjero deberá comunicarse con:

**Louisiana Department of Wildlife and Fisheries
Human Resource Department
P. O. Box 98000
Baton Rouge, Louisiana 70898
Phone: (225) 765-2389
E-mail: complaintinfo@wlf.la.gov
Fax: 225-765-5044**

Requests for language assistance should be provided sufficiently in advance of a need to allow arrangements to be made. At a minimum, requests should be made five (5) business days in advance.

Las solicitudes de asistencia lingüística deberán ser proporcionadas con 5 días de anticipación.

NOTE: A recipient and/or sub-recipient of federal financial assistance may not retaliate against any person who has made a complaint, testified, assisted or participated in any manner in a discrimination investigation nor interfere with any right or privilege protected by the laws enforced by the LDWF. If you believe that you have been retaliated against for any of these reasons, you also may file a complaint with the United States Fish and Wildlife Service (USFWS).

Approved:


JACK MONTOUCET, SECRETARY

Attachment A: DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint with the Louisiana Department of Wildlife & Fisheries (LDWF). You may send the LDWF a letter or e-mail instead of this form, but the letter or e-mail must include the information in items 1-5 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
E-mail Address: _____

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and their written consent before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on their, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
E-mail Address: _____

3. The LDWF investigates discrimination complaints made against its federal assisted programs and facilities. Please identify the program or facility that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Program/Facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Other Information: _____

4. The regulations that LDWF prohibits discrimination against are on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination based on race (specify): _____
- Discrimination based on color (specify): _____
- Discrimination based on national origin (specify): _____

- Discrimination based on sex (specify): _____
- Discrimination based on disability (specify): _____
- Discrimination based on age (specify): _____
- Discrimination based on other (specify): _____
- Retaliation (specify): _____

5. Please describe each alleged discriminatory/retaliatory act. For each action, please include the date(s) the discriminatory/retaliatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination/retaliation was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination/retaliation.

Finding/Resolution:

Investigator: _____

Date: _____

Distributed: _____