

**KITSAP PUBLIC HEALTH DISTRICT
POLICIES & PROCEDURES**

Subject: Administrative Policy	Number: A-32	Page 1 of 1
Title: Non-Discrimination in Programs and Services	Effective Date: 3/17/2011	
Initial Approval By: Management Team	Date: 3/17/2011	
Periodic Review By: Management Team	Date: 3/17/2014	
Applies to: All Customers, Clients, Vendors, Contractors and Applicants	Revision Dates: 4/28/2011	

A. Purpose: To affirm the Kitsap Public Health District's commitment to a strict policy prohibiting all forms of unlawful discrimination in carrying out our programs and services.

B. Policy Statement: As a recipient of federal financial assistance, the District does not exclude, deny benefits to, or otherwise unlawfully discriminate against any person on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, veteran status, disability or any other characteristic protected by state or federal law, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the District directly or through a contractor or any other entity with which the District arranges to carry out its programs and activities. This statement is in accordance with the provisions of:

- Title VI of the Civil Rights Act of 1964, as amended;
- Section 504 of the Rehabilitation Act of 1973, as amended;
- Regulations of the United States Department of Health and Human Services issued pursuant to the statutes of Title 45 Code of Federal Regulations Parts 80, 84, and 91; and
- Revised Code of Washington (RCW) 49.60 Discrimination – Human Rights Commission.

In case of questions, please contact:

Human Resources Manager
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337
Telephone (360) 337-5299



EMPLOYEE ACKNOWLEDGMENT RECEIPT

Receipt for the Non-Discrimination in Programs and Services Policy

I hereby acknowledge that I have reviewed a copy of the above Kitsap Public Health District policy. I understand that this policy is not a contract of employment, and may be modified by the Health District at any time.

I further acknowledge my responsibility for adhering to the contents of this policy and I understand that any questions regarding the contents should be directed to the Human Resources Manager for explanation or clarification. I understand that this policy supersedes all other prior versions.

My signature below further signifies that I have reviewed this policy and that I accept and will abide by its provisions.

Printed Name _____

Date _____

Signature _____

Submit original to Human Resources for placement in personnel file.