



New Mexico Crime Victims Reparation Commission  
**Federal Civil Rights Compliance Checklist**

Form to be completed and signed by Subrecipient's Authorized Individual or Civil Rights Officer. Submit to [cvrc.grants@cvrc.nm.gov](mailto:cvrc.grants@cvrc.nm.gov) by January 31 of each year.

**Civil Rights**

1. Provide the name, title, and contact information of the subrecipient's designated person responsible for reporting civil rights findings of discrimination.

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Provide the names and dates of staff who have completed the CVRC Civil Rights Webinar within the past 12 months.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

3. Does the subrecipient ensure employees are trained on and comply with civil rights requirements?

Yes No

4. If the subrecipient conducts religious activities as part of its programs or services, does the agency comply with the Equal Treatment Regulation?

Yes No Not Applicable



5. If the subrecipient is an educational institution, does the agency comply with Title IX of the Education Amendments Act?

Yes    No    Not Applicable

**Non-Discrimination**

6. How does the subrecipient notify program participants that it does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, and age in the delivery of services? Check all that apply.

Posters    Website    Intake Forms    Brochures/Program materials

Other \_\_\_\_\_

7. How does the subrecipient notify employees that it does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, and disability in employment practices? Check all that apply.

Posters    Employee Handbook    Dissemination of relevant orders or policies  
Inclusion in recruitment materials

Other \_\_\_\_\_

8. Have there been any claims of discrimination filed against the subrecipient in the past four years?

Yes    No

If yes, has the subrecipient submitted to CVRC any findings of discrimination issued by any court or administrative agency?

Yes    No

**Grievances**

9. Does the subrecipient have written grievance policies and procedures for staff, program participants, and victims to file grievances?

Yes    No

If yes, please attach a copy of these policies.



10. How does the agency publicize how a grievance may be filed with CVRC? Check all that apply.

Posters    Website    Intake Forms    Brochures/Program materials  
Employee Handbook    Dissemination of relevant orders or policies  
Inclusion in recruitment materials

Other \_\_\_\_\_

**Equal Employment Opportunity (EEO)**

11. Is the subrecipient exempt from submitting an EEO Plan for at least one of the following reasons? Select all that apply.

- Nonprofit Organization
- Medical or Health Care Institution
- Educational Institution
- Indian Tribe
- Fewer than 50 employees
- Receives fewer than \$25,000 of federal funding

12. If the subrecipient is not exempt, please attach the EEOP for review.

13. Have any EEOC complaints been filed against the agency in the past 4 years?

Yes    No

If yes, has the subrecipient informed CVRC of the complaints?

Yes    No

I, \_\_\_\_\_, certify that the above statements are true.

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

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