

PARTNER AGENCY NAME _____

PARTNER AGENCY REFERENCE NUMBER _____



TEFAP Civil Rights Training Certification for Partner Agencies - INSTRUCTOR LOG

Please return log to your Regional Partnership Coordinator before Feb. 20, 2026 via email, fax or mail to P.O. Box 1517 Des Moines, IA 50306

COMPLIANCE AREAS

- Collection and use of data
- Complaint procedures
- Compliance reviews
- Conflict resolution
- Customer service
- Effective public notification systems
- Limited English proficiency
- Religious organizations
- Requirements for reasonable accommodations of persons with disabilities
- Resolution of noncompliance

PROTECTED CLASSES

- Age
- Color
- Disability
- National Origin
- Race
- Sex, including gender identity and sexual orientation

I have reviewed the Food Distribution (CSFP/TEFAP) Civil Rights Training provided by the Iowa Department of Health and Human Services. I have asked any questions I may have had. I agree to comply with the policy that prohibits discrimination in the above protected classes and compliance areas.

Training Instructor: **FOOD BANK OF IOWA** _____

Partner Agency Training Instructor (Print Name)	Partner Agency Training Instructor (Sign Name)	Date of Completion

Food Bank of Iowa Staff - Print _____

Food Bank of Iowa Staff - Signature _____