



# Oregon

Kate Brown, Governor



OREGON  
DEPARTMENT OF  
EDUCATION

*Oregon achieves . . . together!*

**Colt Gill**

Director of the Oregon Department of Education

## CIVIL RIGHTS COMPLAINT FORM

*The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. **Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.***

When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

***Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and State of Oregon policy.***

### USDA Nondiscrimination Statement

This explains what to do if you believe you have been treated unfairly.

“In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

*Form 581-1075-P Page 1 of 2*

State of Oregon Complaint Procedure

To file a Child Nutrition Programs complaint of discrimination with the State of Oregon, please send an email to [ODE.CNPCivilRights@state.or.us](mailto:ODE.CNPCivilRights@state.or.us) or write Director of Child Nutrition Programs, Oregon Department of Education, 255 Capitol Street NE, Salem, OR 97310 or call (503) 947-5888, (voice) or (503) 378-2892 (TDD).

Please complete the following information:

\_\_\_\_\_  
Name of Complainant                      Name of School or Organization      Date

\_\_\_\_\_  
Address                                      City                      State      Zip                      Phone Number

**Specific Complaint:** Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present. (Use additional paper if necessary.)

**Is this complaint regarding discrimination or harassment?** If so, please provide information that describes how you experienced discrimination. Specify one or more of the bases of discrimination you experienced, such as race, color, national origin, sex, age, or disability. If you experienced harassment, specify the type of harassment you experienced. (Use additional paper if necessary.)

**What solution do you request?** (Use additional paper if necessary.)

If possible, please provide copies of all documentation, evidence, proof or other information that supports your complaint. Review this complaint form to make sure all the information provided is accurate and complete.

**By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature of Complainant                      Printed Name                      Date

**I acknowledge receipt of the complaint. I will forward the complaint to the State of Oregon.**

\_\_\_\_\_  
Signature of Sponsor or Representative      Printed Name                      Date

**Oregon Department of Education/Child Nutrition Programs**

**Internal use only: All complaints received on this form must be forwarded to the CNP Director, ODE, within three (3) working days.                      Date forwarded: \_\_\_\_\_**