

Bell County Schools
School Nutrition Program
Civil Rights Grievance Policy and Procedures

In accordance with FNS Instruction 113-1, the Bell County School District provides the following grievance procedure in the event a person believes they or others have been treated unfairly or discriminated against on the basis of race, color, national origin, sex, age, or disability in the school nutrition program.

REGULATION: 7 CFR 210.23(b) *Civil rights*. In the operation of the Program, no child shall be denied benefits or be otherwise discriminated against because of race, color, national origin, age, sex, or disability. State agencies and school food authorities shall comply with the requirements of: Title VI of the Civil Rights Act of 1964; title IX of the Education Amendments of 1972; section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Department of Agriculture regulations on nondiscrimination (7 CFR parts 15, 15a, and 15b); and FNS Instruction 113-1.

GENERAL INSTRUCTIONS

When received at the school or District, all complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability shall be accepted and forwarded to the State Agency within 24 hours of acceptance unless conditions exist that preclude meeting that timeframe.

Procedures:

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. All complaints within this timeframe will be accepted.

2. Acceptance

All complaints, written or verbal, shall be accepted. Anonymous complaints will be accepted in the same manner as non-anonymous complaints.

3. Complaint Information

A Civil Rights Complaint form will be used to collect all pertinent complaint information. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location or entity that is the subject of the complaint.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

4. Verbal Complaints

In the event a complainant makes the allegations verbally or if the allegations are made in person and the complainant refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

5. Forwarding Complaints to the State Agency

When a complaint form is received or completed on behalf of a complainant, the information will be forwarded to the State Agency within 24 hours or as soon as possible if extenuating circumstances apply.

6. Complaint Investigation

Only the Food and Nutrition Service (FNS), Civil Rights Division has the authority to determine if complaints of discrimination alleged to have occurred in a School Nutrition Program will be reviewed, and, if so, the manner in which it will be reviewed. The Bell County School District will comply with any request for assistance or information from the FNS, Civil Rights Division, FNS Regional Office, or SCN in the course of their review and investigation into a complaint.

No efforts will be made by any administrator(s) or school staff to review, investigate, or resolve the complaint without the direction to do so from the FNS, Civil Rights Division, the FNS Regional Office, or SCN.

7. Complaint Log

All civil rights complaints will be tracked on the Civil Rights Complaint Log. The Log will be maintained for 3 years plus the current year from the date in which a complaint was resolved.

This Institution is an Equal Opportunity Provider

**CIVIL RIGHTS COMPLAINT
FORM**

School Nutrition Program

First Name: _____	Middle Initial: _____	Last Name: _____
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
E-mail address (if you have one): _____		
Telephone Number (with area code): _____		
Alternate Telephone Number (with area code): _____		
Best Time of the Day to Reach You: _____		
Best Way to Reach You (check one): Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other <input type="checkbox"/>		
Do you have a representative (lawyer or other advocate) for this complaint? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If yes, please provide the following information about your representative:		
First Name: _____	Last Name: _____	
Address: _____	City: _____	State: <input type="checkbox"/> Zip Code: _____
Telephone: _____	Email: _____	

1. Who do you believe discriminated against you or others? Use additional pages, if necessary.

School Food Authority: _____

Name(s) of person(s) involved in the alleged discrimination:
(if known)

2. When did the discrimination occur, or if continuing, the duration that it has been occurring?

Date(s) _____

3. Please describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help to understand the situation.

