

CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINT FORM

Complainants must provide sufficient information to determine the identity of the agency or individual towards which the complaint is directed and to indicate the possibility of a violation. Incomplete information may delay the processing of the complaint.

Date: _____

Your name: _____

Your address: _____

Your telephone: _____

If you are a district employee, list building/department/position: _____

Attorney or Authorized Representative contact information (if represented): _____

Your child's name (if relevant to the complaint): _____

Name of individual about whom you are complaining: _____

Date of incident: _____

Describe the incident that made you feel you had been discriminated against¹:

State on what basis you feel discrimination exists (race, color, national origin, sex, age, or disability):

List any individuals that have knowledge of and/or witnessed the incident:

What remedy is sought?

¹ If you have documents to support the events you are reporting, please provide a copy of the supporting documents along with the complaint form.

To be considered for investigation, the complaint must be filed within 180 days of the alleged occurrence. unless the time for filing the complaint has been extended by the USDA. The complainant must contact the USDA at: USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY), to request a waiver of the 180-day filing deadline.

All complaints with regard to race, color, national origin, sex, age, and disability, written or verbal, shall be promptly investigated by the District, in accordance with board regulation ABEB-BR1, and forwarded within five business days to the Child Nutrition and Food Distribution Director at the North Dakota Department of Public Instruction at 600 East Boulevard Avenue, Department 201, Bismarck, ND 58505. Phone 1-888-338-3663.

The complainant may file a complaint at any time before or during the complaint procedure with the USDA at the above address.

ACKNOWLEDGEMENTS

I understand the following:

1. I have the right to be free of retaliation for filing this complaint. I agree to report any conduct that I believe is motivated by retaliation for filling this complaint. I understand, however, that if this statement contains accusations that I know are false, I may be subject to disciplinary action within the District and/or external legal action from those I have falsely accused. *(Language only applicable to district students and employees.)*
2. The respondent may be given a copy of this complaint in order to have an opportunity to respond to it.
3. I may have the right to file a complaint with state or federal agencies or to file legal actions in a court of law.
4. I understand that the investigating personnel are advocates for neither the complainant nor the respondent. Their responsibility is to investigate complaints from a neutral position to determine whether violations of district’s policy and/or law have occurred.

CERTIFICATION

I certify that the statements made in this complaint are true and accurate, and that I have read and understand the statements made in the acknowledgements section of the complaint.

Signature of Complainant	Date
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Signature of District Employee Receiving Complaint	Date
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