



## **Canutillo ISD Complaint Form**

To file a complaint, complete this form and submit it to Marco Macias, CISD Child Nutrition at 7965 Artcraft Street, El Paso, Texas 79932 All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

First Name	telephone number, and additional contact informa Middle Initial	Last Name		
That Name	lynddie initial	Last Ivallie		
Address	City, State, and Zip Code	Best Telephone Number for Y		
Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email of a different telephone number.)				
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	nlaint with as much detail as nossible for ayestion	s (A-F) Attach additional naner if		
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Provide information about the compore space is needed.)				

	_	heck in the box in front of N/A. $\Box$
N/A—This complaint is not ag	ainst an individual.	
you have any relevant docume documentation to this form.	entation that supports the complai	int or alleged violation, attach that
D. If there are other manual cube ha	vo knovilodno shout this ovent ml	
D. If there are other people who ha and address/contact informatio	ve knowledge about this event, pl on. (Attach additional sheets if you no	
and address/contact information	on. (Attach additional sheets if you no	eed more space.)
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	E. What is the basis or the type of discrimination you feel occurred? If the complaint is not based on discrimination, record a check in the box in front of N/A.					
	□ N/A—This complaint is not based on discrimination.					
	(Check the boxes that apply.)					
	□ Race □ Sex					
	□ Color □ Age					
	□ National Origin □ Disability					
31	gnature of Complainant	e of Complainant  Date:				
L	This Space to Be Completed by Person Receiving the Complaint					
	Name of Person Receiving Complaint:	□ <b>Complaint was translated</b> (Check this box if this complaint from was completed by a person other than the complainant)				
	Staff Person Assigned to Address Complaint:	Date Forwarded to the	e Texas Department of Agriculture:			

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.