## **Ector County ISD Complaint Form**

To file a complaint, complete this form and submit it to Jieun Pando, ECISD Director of School Nutrition at 1120 W. 10th St, Odessa, TX 79763. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

□ Check if you'd like to remain anonymous

<ol> <li>Contact Information for Person Subn</li> </ol>	itting the Complain	t
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•	City, State, and Zip C	Code Best Telephone Number for You				
•	I					
Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)						
Reason for the Complaint  Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more pace is needed.)  A. What is the name and address of the entity you are filing the complaint about?						
	e information about the complain needed.)  What is the name and address  If this complaint is against an	e information about the complaint with as much detail as possible for queeded.)				

	C.	-			ate and time incident occurred. If you d violation, attach that documentation		
	D.			about this event, please justices if you need more spa	provide their names, titles, and ce.)		
		Name		Title	Address/Contact Information		
<ul> <li>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.</li> <li>□N/A—This complaint is not based on discrimination.</li> <li>(Check the boxes that apply.)</li> </ul>							
		□ Color	□ Age				
		□ National Origen	□ Disability				
Si	gnatur	e of Complainant					
		<u> </u>			Date:		
		mi t			• • •		
Г				l by Person Receiving the C	•		
_	Name of Person Receiving Complaint:		_	ated (Check this box if this complaint y a person other than the complainant)			
	Staff Person Assigned to Address Complaint:			Date Forwarded to the	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.