



# International Leadership of Texas Child Nutrition Department

## Complaint Procedures

The following guidelines will be followed should anyone express discrimination from the International Leadership of Texas Child Nutrition Program (CNP).

- Any person that approaches a Child Nutrition Program staff and claims they have been discriminated against will be assisted by the Child Nutrition staff to complete a Complaint Form. The Child Nutrition staff will assist the complainant with completing the Discrimination Complaint Form via <https://www.iltexas.org/families/child-nutrition>, writing, and/or verbally. See below for the instructions on how to complete the Discrimination Complaint Form via online and a written form.
- A member of the Child Nutrition Program can assist with the process. If the person chooses not to complete the form via online, the CNP staff will assist the person by taking the information verbally and complete the form. The CNP staff will identify themselves as the person who transcribed the complaint on the Discrimination Complaint Form.
- The Discrimination Complaint Form, once completed or completed as best as possible, is forwarded to the Child Nutrition Executive Director (Larry Albritton at [Lalbritton@iltexas.org](mailto:Lalbritton@iltexas.org)).
- The Executive Director will forward the Discrimination Complaint Form to the Texas Department of Agriculture, Food and Nutrition Division, Compliance Department. The Contracting Entity will not attempt to resolve the complaint without forwarding the complaint to TDA.
- Please email [childnutrition@iltexas.org](mailto:childnutrition@iltexas.org) if you have any problems and/or concerns about the discrimination complaint process. Allow the Child Nutrition Department to assist you during the process.
- Complaints can also be sent directly to the United States Department of Agriculture (see statement below) or to the Texas Department of Agriculture, Food and Nutrition Division (See contact information below):

### **Texas Department of Agriculture:**

Mailing Address:  
PO Box 12847, Austin, TX 78711-2847  
Phone:  
877-TEXMEAL, (877) 839 -6325  
Fax:

(888) 203-6593  
Email:  
[squaremeals@texasagriculture.gov](mailto:squaremeals@texasagriculture.gov)

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, audiotope, 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](mailto:Program.intake@usda.gov)

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# International Leadership of Texas Child Nutrition Discrimination Complaint Form

To file a complaint, complete this form and submit it to Larry Albritton; [lalbritton@iltexas.org](mailto:lalbritton@iltexas.org) or [childnutrition@iltexas.org](mailto:childnutrition@iltexas.org). All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture. The complaint can be directly submitted to U.S. Department of Agriculture (See contact information above) and/or Texas Department of Agriculture. Use the link for the TDA's contact information <https://squaremeals.org/About/Contact-Food-and-Nutrition>.

Check if you'd like to remain anonymous

## I. Contact Information for Person Submitting the Complaint

Please record your name, address, telephone number, and additional contact information in the spaces below.

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You

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.)

## II. Reason for the Complaint

Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.

N/A—This complaint is not against an individual.

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C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

Name	Title	Address/Contact Information

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.)*

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sex        |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Age        |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |

**Signature of Complainant**

	Date:
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**-----This Space to Be Completed by Person Receiving the Complaint -----**

<b>Name of Person Receiving Complaint:</b>	<input type="checkbox"/> <b>Complaint was translated</b> <i>(Check this box if this complaint from was completed by a person other than the complainant)</i>
<b>Staff Person Assigned to Address Complaint:</b>	<b>Date Forwarded to the Texas Department of Agriculture:</b>

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# **Instructions for Texas Department of Agriculture Food & Nutrition Complaint Form**

The Food & Nutrition (F&N) Complaint Link is provided for a person wishing to file a complaint with F&N at the Texas Department of Agriculture. This Link is available in English and Spanish at <https://squaremeals.org/About/ContactFoodandNutrition.aspx>

For assistance with the complaint process, or if you do not have access to an electronic device to submit your complaint, please email IL Texas at [childnutrition@iltexas.org](mailto:childnutrition@iltexas.org) and someone will assist you.

## **CONTACT INFORMATION (of Person Filing Complaint)**

- Enter your First Name and Last Name OR you may select Anonymous.
- Enter your E-mail Address (Optional)
- Enter your Mailing Address and Phone Number (Optional)

## **COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL**

- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- CE Name – Enter the name of the contracting entity.
- Relationship to CE or individual - Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail - Provide relevant details including names, dates, times and specific allegations.

**Upload Supporting Documents in the box provided.**

## **SUBMIT**

When finished, Press Submit.

A letter of acknowledgment will be sent within two TDA business days of complaint receipt by the Compliance Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.

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