OSPI Child Nutrition Services

Procedure for Handling Complaints of Discrimination

1. Complaints of discrimination must be filed within 180 days of the alleged discrimination.
2. Complaints of discrimination should be given to the Chief Nutrition Officer of Child Nutrition Services, Office of Superintendent of Public Instruction. Chief Nutrition Officer will forward to the Food & Nutrition Service, Western Regional Office, San Francisco.
3. Complaints of discrimination may be written or verbal. Use of a form is not required for a person filing a complaint. If a person is unwilling, unable, or not inclined to put the complaint in writing, the person taking the complaint shall do so. (Complaint Form attached.)
4. Complaints of discrimination should contain as much of the following information as possible:
    a. Name, address, email address, and telephone number or other means of containing the complainant.
    b. The specific location and name of the entity providing the benefits.
    c. A description of a specific action that caused the complainant to believe that discrimination was a factor.
    d. Basis on which a complainant feels that discrimination occurred (race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation to prior civil rights activity).
    e. Names and titles, if known, and addresses of persons who may have knowledge of the discriminatory action.
    f. The date(s) of the alleged discriminatory actions occurred or the duration of such action.

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Civil Rights Complaint Form

Name of Complainant _____

Address _____

Telephone Number (include area code) _____

Email Address _____

List Name/Location of Organization Providing Benefits:

_____

_____

Indicate the discriminatory action or incident (include date action occurred):

_____

_____

_____

_____

_____

_____

a. On what basis does the complainant believe he/she was discriminated (race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity)?

_____

_____

Persons who may have knowledge of the discriminatory action:

Name	Title	Address	Phone #

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

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