

COOLIDGE UNIFIED SCHOOL DISTRICT – FOOD & NUTRITION DEPARTMENT
Procedures for Complaints of Discrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

The CNP operator shall accept all complaints of discrimination, whether written or verbal, relating to the Child Nutrition Programs that are filed within 180 days of the alleged discrimination. The CNP operator shall handle all anonymous complaints in the same manner as other complaints. Records shall be kept of all complaints and forwarded to the Secretary of Agriculture.

The complainant shall be advised to send the complaint to one of the following:

- To the Arizona Department of Education by mail: Ms. Melissa Conner, Senior Deputy Associate Superintendent, Arizona Department of Education, Health and Nutrition Division, 1535 West Jefferson Avenue, Bin #7, Phoenix, AZ 85007
- 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Complaints of discrimination should contain the following information:

- Your name, address, telephone number, and email address (if you have one).
- The name, address, telephone number, and email address of your attorney or authorized representative, if you are represented.
- The basis of your complaint. The basis is what you believe was the motivating factor for the discrimination. For example, you may believe you were treated differently because of your race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- The date(s) and location(s) that the incident(s) you are reporting as discrimination occurred. Please note that we cannot accept a complaint about an incident that took place more than 180 days prior to the filing of the complaint. If the discrimination occurred more than 180 days prior to filing your complaint, you may request a waiver of the filing requirement.
- The name of the individual(s) or entity you believe discriminated against you and the agency or recipient that employs that/those individual(s).
- The issue(s) of your complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that discriminated against you, resulting in some harm. Explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please include how other persons were treated differently from you, if applicable. If you were denied a benefit or service, please provide a copy of the denial letter. If you have documents to support the events you are reporting, provide a copy of the supporting documents.
- How you would like to see this complaint resolved.

If you have questions or concerns, please contact the Coolidge Unified School District at 520-723-2040