

CIVIL RIGHTS COMPLAINT FORM

School Nutrition Program

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (if you have one): _____

Telephone Number (with area code): _____

Alternate Telephone Number (with area code): _____

Best Time of the Day to Reach You: _____

Best Way to Reach You (check one): Mail ____ Phone ____ E-mail ____ Other ____

Do you have a representative (lawyer or other advocate) for this complaint? Yes: ____ No: ____

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

1. Person(s) discriminated against, if different from the name above:

Name: _____

Address: _____

2. Who or what agency discriminated against you? *Use additional pages, if necessary.*

School Food Authority: _____

Name(s) of person(s) involved in the alleged discrimination (if known):

3. I believe I was discriminated against based on my:

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____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

4. When did the discrimination occur?

Date: _____

If the discrimination occurred more than once, please provide the other dates:

5. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

6. Where did the discrimination occur:

7. Please explain what happened to you, why you believe it happened, and how you were discriminated against? Indicate who was involved and how they treated others differently than you. Use additional space on the next page or additional pages, if necessary, and please include any supporting documents that would help show what happened.

8. Please list below any persons or witnesses, if know, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Contact information: _____

9. Remedies: How would you like to see this complaint resolved?

10. The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. Do you believe that you have been retaliated against (separate from the discrimination alleged in #7) Be sure to explain what actions you took which you believe were the basis for the alleged retaliation. If yes, please explain:

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11. Have you (or the person discriminated against) filed the same or any complaints with other offices (federal, state, or local) or with a court?

Yes: _____ No: _____ Agency: _____

12. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

_____ U.S. Equal Employment Opportunity Commission

_____ Federal or State Court

_____ Your State or local Human Relations/Rights Commission

_____ Grievance or complaint office

13. If you have already filed a complaint with an agency indicated in #11 or #12, please provide the following information (attach additional documents if necessary):

Agency: _____ Date filed: _____

Name of Investigator: _____ Case number: _____

Status (Include date of hearing, nature of the complaint, result of the complaint, etc):

14. If you know of any Food and Nutrition Service funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below:

15. Do you have any other information that you think is relevant to our investigation of your allegations:

(Please Continue to Signature Page and Consent Form)

We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Signature: _____

Date: _____

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we may need a signed **Consent/Release Form** found on the last page of this document.

Please mail the completed, signed **Discrimination Complaint Form** and the signed **Consent/Release Form** (if necessary). (please keep a copy of each for your records)

You can submit this form to your school district; or mail completed forms to:

Lauren E. Moore
Director, Division of School and Community Nutrition
Office of Finance and Operations
Kentucky Department of Education
300 Sower Blvd.
Frankfort, Ky 40601

OR

USDA Food and Nutrition Service
Civil Rights Division
3010 Park Center Drive, Room 942
Alexandria, VA 22303

How did you learn that you could file this complaint: _____

For internal use only:

Complaint received by: _____ Received on: _____

For School Food Authorities: Any completed complaint forms must be submitted to the Kentucky Department of Education, Division of School and Community Nutrition within 5 (five) days of receipt. The Kentucky Department of Education is required to submit received forms to the USDA National Civil Rights Office within 5 (five) days of receipt.

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Complainant Consent/Release Form

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

CONSENT/RELEASE

_____ **CONSENT GRANTED** – I have read and understand the above Initial on line above information and authorize FNS to reveal my identity to persons at if you give consent. the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to received material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

_____ **CONSENT DENIED** – I have read and understand the information Initial on the line above and do not want FNS to reveal my identity to the organization or if you give consent. institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date

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USDA Nondiscrimination Statement

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 the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), 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:

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: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

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