

Civil Rights Grievance Policy and Procedures

Pulaski County Schools School Nutrition Program Civil Rights Grievance Policy and Procedures

In accordance with FNS Instruction 113-1, the Pulaski County Schools provides the following grievance procedure in the event a person believes they or others have been treated unfairly or discriminated against in the School Nutrition Program 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.

REGULATION: 7 CFR 210.23(b) *Civil rights*. In the operation of the Program, no child shall be denied benefits or be otherwise discriminated against because of race, color, national origin, age, sex, or disability. State agencies and school food authorities shall comply with the requirements of: Title VI of the Civil Rights Act of 1964; title IX of the Education Amendments of 1972; section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Department of Agriculture regulations on nondiscrimination (7 CFR parts 15, 15a, and 15b); and FNS Instruction 113-1.

GENERAL INSTRUCTIONS

When received at the school or District, all complaints alleging discrimination in the School Nutrition Program 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 shall be accepted and forwarded to the State Agency within 24 hours of acceptance unless conditions exist that preclude meeting that timeframe.

Procedures:

1. Right to File a Complaint

Any person alleging discrimination in the School Nutrition Program based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity has a right to file a complaint within 180 days of the alleged discriminatory action. All complaints within this timeframe will be accepted.

2. Acceptance

All complaints, written or verbal, shall be accepted. Anonymous complaints will be accepted in the same manner as non-anonymous complaints.

3. Complaint Information

A Civil Rights Complaint form will be used to collect all pertinent complaint information. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location or entity that is the subject of the complaint.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

4. Verbal Complaints

In the event a complainant makes the allegations verbally or if the allegations are made in person and the complainant refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complainant for the complainant.

5. Forwarding Complaints to the State Agency

When a complaint form is received or completed on behalf of a complainant, the information will be forwarded to the State Agency within 24 hours or as soon as possible if extenuating circumstances apply.

6. Complaint Investigation

Only the Food and Nutrition Service (FNS), Civil Rights Division has the authority to determine if complaints of discrimination alleged to have occurred in a School Nutrition Program will be reviewed, and, if so, the manner in which it will be reviewed. **Pulaski County Schools** will comply with any request for assistance or information from the FNS, Civil Rights Division, FNS Regional Office, or SCN in the course of their review and investigation into a complaint.

No efforts will be made by any administrator(s) or school staff to review, investigate, or resolve the complaint without the direction to do so from the FNS, Civil Rights Division, the FNS Regional Office, or SCN.

7. Complaint Log

All civil rights complaints will be tracked on the Civil Rights Complaint Log. The Log will be maintained for 3 years plus the current year from the date in which a complaint was resolved.

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 <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other <input type="checkbox"/>		

Do you have a representative (lawyer or other advocate) for this complaint? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
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.

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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

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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FORMULARIO DE QUEJA DE DERECHOS CIVILES
Programa de Nutrición Escolar

Este formulario tiene el propósito de darle asistencia para presentar una queja. No tiene obligación de usarlo: una carta con la misma información es suficiente.

Nombre: _____ Inicial del 2.º nombre: _____ Apellido: _____

Dirección postal: _____

Ciudad: _____ Estado: _____ Código postal: _____

Dirección de correo electrónico (si la tiene): _____

Número de teléfono (con código de área): _____

Número de teléfono alternativo (con código de área): _____

Mejor horario para encontrarlo: _____

Mejor forma de comunicarse con usted (marque una): Correo postal ___ Teléfono ___
Correo electrónico ___ Otra ___

¿Tiene un representante (abogado u otro) para presentar esta queja? Sí: ___ No: ___

En caso afirmativo, proporcione la siguiente información sobre esa persona:

Nombre: _____ Apellido: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código postal: _____

Teléfono: _____ Correo postal: _____

1. Persona a la que se discriminó, si no es la nombrada:

Nombre: _____

Dirección: _____

2. ¿Qué persona u organismo lo discriminó? Use páginas adicionales de ser necesario.

Autoridad alimentaria escolar: _____

Nombre de la persona involucrada en la presunta discriminación (si lo conoce):

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3. Creo que me discriminaron sobre la base de mi:

____ Raza o color: _____

____ Origen nacional: _____

____ Sexo: _____

____ Religión: _____

____ Edad: _____

____ Discapacidad: _____

4. ¿Cuándo tuvo lugar la discriminación?

Fecha: _____

Si se produjo en más de una ocasión, proporcione las otras fechas:

5. Las quejas por discriminación, en general, deben presentarse dentro de los 180 días posteriores a la supuesta discriminación. Si la discriminación más reciente, antes mencionada, tuvo lugar hace más de 180 días, puede solicitar una exención del requisito de presentación. Si desea solicitar una exención, explique por qué esperó hasta ahora para presentar su queja.

6. Lugar donde se produjo la discriminación:

7. Explique lo que le sucedió, por qué cree que ocurrió y en qué forma lo discriminaron. Indique quién estuvo involucrado y cómo trataba a otras personas de manera diferente. Use el espacio adicional en la siguiente página, u hojas adicionales si las necesita, e incluya cualquier documento de respaldo que pueda ayudar a demostrar lo ocurrido.

11. ¿Usted (o la persona discriminada) presentó esta o alguna queja contra otros organismos (federal, estatal o local) o en algún tribunal?

Sí: _____ No: _____ Organismo: _____

12. ¿Ha presentado, o planea presentar, una acusación o una queja sobre las cuestiones mencionadas aquí en cualquiera de las siguientes entidades?

_____ Comisión de Igualdad de Oportunidades de Empleo de EE. UU. (U.S. Equal Employment Opportunity Commission)

_____ Tribunal federal o estatal

_____ Comisión de Relaciones o Derechos Humanos local o de su estado

_____ Oficina de reclamos o quejas

13. Si ya ha presentado una queja ante un organismo indicado en los puntos 11 o 12, proporcione la siguiente información (adjunte documentación adicional si es necesario):

Organismo: _____ Fecha de presentación: _____

Nombre del investigador: _____ Número de caso: _____

Estado (incluya fecha de audiencia, características de la queja, resultado de la queja, etc.):

14. Si sabe de algún fondo o asistencia del Servicio de Alimentación y Nutrición recibidos por el programa o departamento en el que se produjo la presunta discriminación, proporcione esos datos a continuación:

15. ¿Tiene alguna otra información que crea que es pertinente a nuestra investigación de sus alegaciones?

(Continúe en la página de firma y formulario de consentimiento)

No podemos aceptar una queja si no tiene firma. Firme y coloque la fecha en este formulario de queja (abajo).

Firma: _____

Fecha: _____

No dude en usar hojas adicionales para explicarnos la presente situación.

Necesitaremos su consentimiento para divulgar su nombre, de ser necesario, en el transcurso de una investigación. Por eso, podemos necesitar un **formulario de consentimiento o divulgación** firmado; lo encontrará en la última página de este documento.

Envíe por correo postal el **formulario de queja por discriminación** completado y firmado, y el **formulario de consentimiento o divulgación firmado** (si es necesario). (Conserve una copia de cada uno para su registro).

Puede presentar este formulario en su distrito escolar o enviarnos los formularios completados a:

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

O BIEN A:

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

¿Cómo se enteró de que podía presentar esta queja? _____

Solo para uso interno:

Queja recibida por: _____

Recibida el: _____

Para la Autoridad alimentaria escolar: Todos los formularios de quejas completados deben presentarse ante la División de Nutrición Escolar y Comunitaria del Departamento de Educación de Kentucky (Kentucky Department of Education, Division of School and Community Nutrition) dentro de los 5 (cinco) días de recibidos. El Departamento de Educación de Kentucky tiene obligación de presentar los formularios que reciba ante la Oficina Nacional de Derechos Civiles (National Civil Rights Office) del USDA dentro de los 5 (cinco) días de recibidos.

Formulario de Consentimiento o Divulgación del Reclamante

Su nombre: _____

Dirección: _____

Lea la información que sigue, coloque sus iniciales en el espacio apropiado, y firme y coloque la fecha en este formulario en las líneas al pie de este formulario.

He leído el Aviso de Usos de Información Personal para la Investigación del Servicio de Alimentos y Nutrición (Food and Nutrition Service, FNS) del USDA. Como reclamante, entiendo que en el curso de una consulta preliminar o investigación puede ser necesario que el FNS revele mi identidad a personas de la organización o institución investigada. También conozco las obligaciones del FNS de atender las solicitudes en virtud de la Ley de Libertad de Información (Freedom of Information Act). Entiendo que podría ser necesario para el FNS divulgar información, incluidos detalles de identificación personal, que ha reunido como parte de su consulta preliminar o investigación de mi queja. Además entiendo que, como reclamante, me protegen reglamentaciones federales contra la intimidación o las represalias por haber tomado medidas o participar en acciones para asegurarme de que mis derechos tengan la protección de los estatutos contra la discriminación que impone el Gobierno federal.

CONSENTIMIENTO O DIVULGACIÓN

_____ **CONSENTIMIENTO OTORGADO:** (coloque sus iniciales en la línea si otorga su consentimiento) He leído y entiendo la información anterior y autorizo al FNS a divulgar mi identidad a las personas, organización o institución investigadas, y a otros organismos federales que proporcionan asistencia financiera federal a la entidad, o también tienen responsabilidades de supervisión de cumplimiento de derechos civiles que cubren a esa organización o institución. Por el presente autorizo al FNS a divulgar material e información recibidos sobre mí pertinente a la investigación de mi queja. Esta divulgación incluye, entre otras cosas, solicitudes, archivos de casos, legajos personales e historias clínicas. Entiendo que el material y la información se usarán para actividades autorizadas de cumplimiento y aplicación de derechos civiles. Entiendo además que no tengo obligación de autorizar esta divulgación, y lo hago en forma voluntaria.

_____ **CONSENTIMIENTO NEGADO:** (coloque sus iniciales en la línea si no otorga su consentimiento) He leído y entiendo la información anterior y no deseo que el FNS divulgue mi identidad a la organización o institución investigadas, ni a revisar, recibir copias de, o comentar material o información sobre mí, pertinente a la investigación de mi queja. Entiendo que es probable que esto dificulte la investigación de mi queja y la obtención de todos los datos; en algunos casos, la hará inviable, y esto puede ocasionar que se cierre la investigación.

Firma

Fecha

Esta institución es un proveedor de igualdad de oportunidades.

Declaración de No Discriminación del USDA

De acuerdo con la ley federal de derechos civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de Estados Unidos (U.S. Department of Agriculture, USDA), esta institución tiene prohibido discriminar por motivos de raza, color, nacionalidad, sexo (incluidas identidad de género y orientación sexual), discapacidad, edad o tomar represalias o ejercer venganzas por una actividad anterior de derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información del programa (por ejemplo, braille, letra grande, cinta de audio, lengua de señas estadounidense), deberían comunicarse con el organismo estatal o local responsable que administra el programa o el Centro TARGET del USDA al (202) 720- 2600 (voz y TTY) o con el USDA mediante del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación ante el programa, el reclamante debería completar el formulario en línea de Queja por Discriminación en el Programa del USDA (Program Discrimination Complaint Online Form) (AD-3027) que se encuentra en internet en How to file a Complaint (Cómo presentar una queja) de cualquier oficina del USDA, llamar al (866) 632-9992 o escribir una carta al USDA. La carta debe contener el nombre del reclamante, su dirección y número de teléfono, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (Assistant Secretary for Civil Rights, ASCR) sobre la naturaleza y la fecha del hecho. El formulario AD-3027 completado o la carta deben enviarse al USDA por uno de estos medios:

Envíe su formulario completado o carta al USDA:

(1) por correo postal: U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) por fax: (833) 256-1665 o (202) 690-7442; o bien

(3) por correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor de igualdad de oportunidades.

USDA Nondiscrimination Statement

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To file a program discrimination complaint, a Complainant should complete the [USDA Program Discrimination Complain 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:

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