Denver City Independent School District

Rick Martinez
Superintendent
501 Mustang Ave. Denver City TX, 79323
Phone: 806-592-5985

Discrimination Complaint Form

To file a complaint, complete this form and submit it to Rick Martinez, Superintendent, Email: rick.martinez@dcisd.org, Phone No. 806-592-5900. All complaints received by Denver City ISD will be forwarded to the Texas Department of Agriculture.

Complaints may also be sent directly to Texas Department of Agriculture at the following link or mailing address: https://app.smartsheet.com/b/form/063062f61d4d42e590290cbddb4ea35b

Food and Nutrition Division, Texas Department of Agriculture, P.O. Box 12847Austin, TX 78711

Complaints may also be sent directly to USDA by following directions on the last page.

☐ Check if you would like to remain anonymous

Complaint Received: ☐ In Writing ☐ Verbally ☐ In Person ☐ Other: _____

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.

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.)

☐ Race ☐ Color ☐ National Origin ☐ Sex ☐ Disability ☐ Age

Signature of Complainant

	Date:

-----This Space to Be Completed by Person Receiving the Complaint -----

Name of Person Receiving Complaint:	**Date Forwarded to the Texas Department of Agriculture:**
☐ **Complaint was transcribed** *(Check box if this form was completed by a person other than the complainant)*	☐ **Complaint was translated**
Name of Person Transcribing Complaint:	**Name of Person Translating Complaint:**

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, 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.

This institution is an equal opportunity provider.