Oregon
Tina Kotek, Governor

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

Dr. Charlene Williams
Director of the Department of Education

CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. **Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.**

When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and State of Oregon policy.

NON-DISCRIMINATION 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, 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

State of Oregon Complaint Procedure

To file a Child Nutrition Programs complaint of discrimination with the State of Oregon, please send an email to ODE.CNPCivilRights@state.or.us or write Director of Child Nutrition Programs, Oregon Department of Education, 255 Capitol Street NE, Salem, OR 97310 or call 503-339-6821, (voice) or (503) 378-2892 (TDD).

Please complete the following information:

_____ _____ _____

Name of Complainant Name of School or Organization Date

_____ _____ ____ _____ _____

Address City State Zip Phone Number

***Specific Complaint**: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present.*
*(*Use additional paper if necessary.)

***Is this complaint regarding discrimination or harassment?** If so, please provide information that describes how you experienced discrimination. Specify one or more of the bases of discrimination you experienced, such as race, color, national origin, sex, age, or disability. If you experienced harassment, specify the type of harassment you experienced.*
(Use additional paper if necessary.)

What solution do you request? (Use additional paper if necessary.)

If possible, please provide copies of all documentation, evidence, proof or other information that supports your complaint. Review this complaint form to make sure all the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

_____	_____	_____
Signature of Complainant	Printed Name	Date

I acknowledge receipt of the complaint. I will forward the complaint to the State of Oregon.

_____	_____	_____
Signature of Sponsor or Representative	Printed Name	Date

Oregon Department of Education/Child Nutrition Programs

<u>Internal use only</u>: All complaints received on this form must be forwarded to the CNP Director, ODE, within three (3) working days. ***Date forwarded: _____***