



Mount Calm Independent School District

"Home of the Panthers"

Mount Calm ISD Child Nutrition Civil Rights Complaint Procedures

Mount Calm ISD provides the Child Nutrition Program benefits to all eligible individuals without discrimination on the bases of age, color, disability, national origin, race, sex (gender), or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. If you feel in any way that you or your child has been discriminated against while participating in the Child Nutrition Program, you may file a complaint by following any one of these procedures.

1. You may file a complaint in writing or verbally at your school campus cafeteria. A discrimination complaint form will be provided. After completing the form, you may give it to the cafeteria manager. The School Nutrition Department will forward the complaint to TDA. OR

2. You may also file a complaint directly with USDA. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, or any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at 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). USDA is an equal opportunity provider and employer. OR

3. A complaint may be filed directly with Texas Department of Agriculture at www.squaremeals.org under the "I need to..." tab.

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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. This institution is an equal opportunity provider



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Mount Calm ISD Staff Civil Rights Internal Complaint Procedure

1. All cafeterias will display the updated nondiscrimination poster in a prominent location for public viewing in the serving area.
2. All staff must know how to receive a civil rights complaint.
 - If a participant wishes to file a complaint, the manager or unit supervisor will listen to the complaint or concerns, try to answer questions, and provide them with a discrimination complaint form to be completed.
 - Participants must be permitted to file verbal complaint if they choose. SN staff will document the claim ensuring they receive all information that is requested on the civil rights complaint form. The SN manager/staff receiving the complaint must print and sign their own name indicating who took the complaint and document how the complaint was made: whether in writing, verbally, or in person.
 - If a manager or supervisor is not present, a school nutrition staff member is required to receive the complaint according to these instructions.
 - Manager or school nutrition staff will forward the written complaint to the School Nutrition Director.
3. The School Nutrition Director will forward the discrimination complaint form to the Food and Nutrition Division of the Texas Department of Agriculture at:

Food and Nutrition Division
P.O. Box 12847
Austin, TX 78711
4. Texas Department of Agriculture will forward information to USDA.

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Mount Calm ISD Complaint Form

To file a complaint, complete this form and submit it to the Nutrition Director or manager at 200N Coates Mount Calm, Tx 76673 254-993-2611. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

☐ Check if you'd like to remain anonymous

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. <i>(Attach additional sheets if you need more space.)</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%; text-align: center; padding: 5px;">Name</th> <th style="width: 33%; text-align: center; padding: 5px;">Title</th> <th style="width: 33%; text-align: center; padding: 5px;">Address/Contact Information</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Title	Address/Contact Information			
Name	Title	Address/Contact Information				
E. What is the basis or the type of discrimination you feel occurred? <i>If the complaint is not based on discrimination, record a check in the box in front of N/A.</i> ☐ N/A – This complaint is not based on discrimination. <i>(Check the boxes that apply.)</i> ☐ Race ☐ Sex ☐ Color ☐ Age ☐ National Origin ☐ Disability						

Signature of Complainant

	Date:
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-----This Space to Be Completed by Person Receiving the Complaint -----	
Name of Person Receiving Complaint:	☐ Complaint was translated <i>(Check this box if this complaint from was completed by a person other than the complainant)</i>
Staff Person Assigned to Address Complaint:	Date Forwarded to the Texas Department of Agriculture:

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/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. This institution is an equal opportunity provider.