Coosa County Schools

CIVIL RIGHTS COMPLIANCE & DISCRIMATION COMPLAINT PROCEDURE

Training

Site manager is trained on Civil Rights annually and instructed to have students or guardian complete the discrimination complaint form in the event they determine a discriminatory act has occurred. Forms are also kept in the school office and completed forms submitted to Civil Rights Advocate. The form is then submitted to the appropriate authorities in accordance to below.

Accepting a Complaint

- Civil rights complaints will be directed to the on-site principal.
- All staff are trained on how to recognize and document a civil rights complaint.
- Complaints can be received verbally, in writing, or anonymously.

Transcribing a Complaint

Staff will make every effort to ensure the following information is documented:

- Name, address, and telephone number of the complainant.
- The nature of the incident or action that led to the complaint to feel discrimination was a factor.
- The basis of which the complainant believes discrimination exists.
- The names, telephone numbers, titles, and business or personal addresses of person who may have knowledge of the alleged discriminatory action.
- The date(s) during which the alleged discriminatory action took place.

Forwarding a Complaint

Complaints are forwarded to the following agencies immediately:

- State Department of Education School Nutrition Programs

Filing Deadline:

A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;

2. You were seriously ill or incapacitated;

3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

IMPORTANT LEGAL INFORMATION BELOW CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED:

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

Discrimination Complaint Form

Your Name _____
Your Address _____
Your Telephone Number (___) _____
List other ways to contact you _____
Name and address of person(s) or organizations against whom you are filing a complaint
_____

Tell what incidents happened that made you feel you had been discriminated against, the dates they occurred, or if continuing, the duration of such actions.

_____

_____

_____

List the names, titles and addresses of persons who may have knowledge of the above-described incidents.

Name Title Address

a. _____

b. _____

c. _____

d. _____

State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).

_____

_____

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, 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.

Name of individual receiving complaint:

Date and time complaint received:

SFA NAME

Nutrition Program Complaint Procedure/Log Form

Complainant(s)	Title	Allegation	School	Date Received	Due Date	Date Closed	Appeal