

## **Civil Rights Complaints Procedure**

USDA REGULATIONS 7 CFR 15 REQUIRE THAT SCHOOL FOOD AUTHORITIES PARTICIPATING IN THE NATIONAL SCHOOL LUNCH PROGRAM, NATIONAL SCHOOL BREAKFAST PROGRAM, OR SPECIAL MILK PROGRAM COMPLY WITH REQUIREMENTS RESPECTING NONDISCRIMINATION.

### **Positions Responsible for Policy, Regulation or Procedure:**

All School Nutrition Employees

### **Procedure, Regulation or Policy**

1. All complaints, either written or verbal, alleging discrimination on the basis of race, color, national origin, age, disability, sex, or religion, which are filed at the school level must be forwarded to the **USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410** and to the **School and Community Nutrition Services Section, 1658 Twin Tower East, Atlanta, GA, 30334**. If complaint is not received in writing, the attached form should be completed by the person to whom the complaint was made and subsequently mailed.
2. The school system has no responsibility beyond reporting the complaint to the Department of Education. The Department of Education must then forward these complaints immediately to the Regional Office of the USDA, who in turn, forwards it to the Office of Minority Affairs (OMA). The OMA will then issue a letter of acknowledgement to the complainant.
3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute the allegations.

**State Schools District  
School Nutrition Program**

Section 1-1: Regulations  
Civil Rights Complaints

**Civil Rights Complaint Form**

Date: \_\_\_\_\_

1. Person who **received** the Civil Rights Complaint:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
School System

\_\_\_\_\_  
Phone Number

2. Person **making** Civil Rights Complaint:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address where person can be contacted

3. Sponsoring agency (system / school) against whom complaint is made:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Location

4. Nature of incident or actions which lead complainant to feel discrimination was a factor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Basis on which complainant feels discrimination exists (check one or more):

Race  Color  National Origin  Sex  Age  Disability  Religion

6. Persons who may have knowledge of the discriminating action:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

7. Dates during which discriminating action occurred, or if continuing, the duration of such actions: