

Civil Rights Complaint Procedures for Child Nutrition Programs

Please note that the complainant can file directly with USDA or send the complaint to the State Agency who will forward to USDA.

IDEA Public Schools

This document provides a process for Sponsors to follow for handling civil rights complaints. Sponsors must insert the required information in the blank sections to customize the template with district-specific information.

IDEA Public Schools is a sponsor of the U.S. Department of Agriculture (USDA) Food and Nutrition Services (FNS) Child Nutrition Programs Nutrition Services, including NSLP, SBP, CACFP

The IDEA Public Schools provides benefits to all eligible individuals without discrimination in accordance with Federal civil rights laws and USDA policy, as governed by [FNS Instruction 113-1](#). 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, age, sex, and disability.

Program participants who feel they have been discriminated against while participating in the Child Nutrition Programs, including during the serving of meals, will be instructed to contact Fernando Aguilar at 956-373-1748 to voice their complaint. All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability, either written or verbal, must be processed within the established time frames.

Right to File

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within **180 days** of the alleged discriminatory action. Only the Secretary of Agriculture may extend this time under special circumstances. The complainant must be advised of confidentiality and Privacy Act applications. The IDEA Managing Director of Child Nutrition Program will not attempt to resolve the complaint themselves, without first providing the complainant with information on how they can file a complaint.

Forms

The IDEA Managing Director of Child Nutrition Program will provide, all persons wishing to file a complaint, instructions on where to obtain the [USDA Program Discrimination Complaint Form](#). However, use of this form will not be a prerequisite for acceptance of the

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complaint.

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) for assistance in filing a complaint.

Filing a Complaint

The IDEA Managing Director of Child Nutrition Program) will provide instructions to the complainant on where to forward the completed [USDA Program Discrimination Complaint Form](#) by:

- mail: 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410;
- ☒ fax: (202) 690-7442; or
- e-mail: program.intake@usda.gov.

Verbal Complaints

In the event a complainant wishes to make the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the IDEA Managing Director of Child Nutrition Program will write up the elements of the complaint for the complainant utilizing the [USDA Program Discrimination Complaint Form](#).

Acceptance of Written or Verbal

All complaints received by the the IDEA Managing Director of Child Nutrition Program, written or verbal, will be forwarded to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights (OCR) within 5 calendar days of receipt of the complaint. Anonymous complaints will be handled as any other complaints, to the extent feasible, based on available information.

Complaints will be forwarded to OCR via:

- mail: 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410;
- ☒ fax: (202) 690-7442; or
- e-mail: program.intake@usda.gov.

IDEA Public Schools will:

- maintain a copy of any correspondence regarding the complaint for at least four years after the date the complaint is closed;
- make its employees available to the FNS Civil Rights Director (CRD) to be

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- interviewed as necessary during investigations;
- provide necessary documents as requested by the FNS CRD or the Louisiana Department of Education (LDOE) within the timeframes established by FNS guidance;
- participate in attempts to resolve the complaint.

State Agency Notification

If the IDEA Managing Director of Child Nutrition Program is notified that a program participant has filed a Civil Rights complaint or they have filed a complaint on behalf of a program participant, they will notify the Louisiana Department of Education. The IDEA Managing Director of Child Nutrition Program will provide information as requested by the LDOE during the OCR investigation of the complaint.

A note on Louisiana protected classes: The Louisiana Constitution additionally protects individuals from discrimination based on- religion, religious ideas, beliefs, or affiliations; birth; culture; physical condition; political ideas or affiliations; and national ancestry. Please see [Louisiana Constitution of 1974 Art. I, § 3. Right to Individual Dignity](#) and [Louisiana Constitution of 1974 Art. I, § 12. Freedom from Discrimination](#). To file a complaint, please contact the LDOE Division of Nutrition Support at 225.342.9661 or childnutritionprograms@la.gov

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [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.

USDA is an equal opportunity provider, employer, and lender.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions
(The complaint form is below the instructions)

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

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.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ 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.



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form**

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number starting with area code: _____

Alternate Telephone Number starting with area code: _____

Best Time of the Day to Reach You _____

Best Way to Reach You, (check one): Mail Phone E-mail Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes No

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency

Food and Nutrition Service

Rural Development

Natural Resource Conservation Service

Forest Service

Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
 Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

Number and street, PO Box, or RD Number

 City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

When did you file? _____
Month Day Year

Signature: _____

Date: _____

Mail Completed Form To:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail address:
program.intake@usda.gov

Telephone Numbers:

Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.