



IDEA Headquarters
2115 W. Pike Boulevard
Weslaco, Texas 78596
Phone 956.377.8000
Fax 956.447.3796

Procedure for Handling Discrimination Complaints

POLICY

All cafeterias will display the updated nondiscrimination poster in a prominent location for public viewing in the serving area and have the discrimination complaint form readily available.

PROCEDURE

1. The cafeteria manager or unit supervisor will listen to the complaint(s) or concern(s), try to answer questions, and provide them with a discrimination complaint form.
2. Explain that the form contains instructions on how they (complainant) can file the complaint themselves or submit to the cafeteria manager for filing.
3. If cafeteria manager receives a complaint form, it will be forwarded to the district's Child Nutrition Director. The Child Nutrition Director will forward the discrimination complaint to the Food and Nutrition Division of the Texas Department of Agriculture

SUBMITTAL

Submit written complaints and any documentation to TDA by mail, fax or by emailing a scanned copy. If submitting a complaint via email, please submit the completed F&N Formal Complaint and documentation to the following email address: squaremeals@texasagriculture.gov

If submitting a complaint via mail or fax, please submit the completed F&N Formal Complaint and documentation to any one of the following F&N offices:

F&N Headquarters

Mailing Address:
Texas Department of Agriculture
Food and Nutrition
PO Box 12847
Austin, Texas 78711

FAX: 888-203-6593

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.



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INSTRUCTIONS FOR FOOD & NUTRITION (F&N) COMPLAINT FORM

The F&N Complaint form is provided for persons wishing to file a complaint with Food and Nutrition (F&N) at the Texas Department of Agriculture. This form may be downloaded at <http://www.squaremeals.org>.

For assistance with the complaint process, please call 1-877-TEX-MEAL (877-839-6325).

SECTION A (To File A Complaint)

1. CONTACT INFORMATION (of Person Filing Complaint)

- Check if Anonymous – Check if Anonymous and skip to Number 2.
- First Name – Enter first name
- Last Name – Enter last name
- Mailing Address – Enter street or mailing address
- City State Zip Code – Enter city, state and zip code
- Telephone Number – Enter best telephone number
- Email Address – Enter best email address

2. ATTACHMENTS

3. COMPLAINT ABOUT AN INDIVIDUAL OR CONTRACTING ENTITY

- Name and address of contracting entity (CE) delivering service or benefit (if applicable) – Enter the name and address of the CE.
- CE ID (if applicable) – If known - enter the contracting entity identification number assigned by TX-UNPS.
- If the complaint is against an individual, enter the name and contact information – If the complaint is about a TDA employee, enter the name, if known.
- Relationship to CE or individual – Enter the type of relationship you have with the contracting entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail – Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Attach additional sheets of paper if more space is needed.



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SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)

1. CONTACT INFORMATION

- First Name – Enter first name
 - Last Name – Enter last name
 - Mailing Address – Enter street or mailing address
 - City State Zip Code – Enter city, state and zip code
 - Telephone Number – Enter best telephone number
 - Email Address – Enter best email address
-

SECTION C

1. SIGNATURE

- Signature – Unless anonymous, sign the form. Enter the date submitted.
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SECTION D

1. TDA INTERNAL USE ONLY

- F&N Receiving Staff – F&N staff members who receive complaints verbally will enter their names and the date the complaint is received.
 - Referred To – F&N staff refer the F&N Formal Complaint form to the appropriate section Administrative Assistant. Enter the name of the section Administrative Assistant who will receive the complaint information.
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SUBMITTAL

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Email: squaremeals@texasagriculture.gov



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Texas Department of Agriculture
Food and Nutrition
PO Box 12847
Austin, Texas 78711

FAX: 888-203-6593

Region 1

El Paso Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
401 E. Franklin Suite 410
El Paso, Texas 79901

FAX: 888-244-9816

Lubbock Satellite Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
West Texas Regional Office
4502 Englewood Ave.
Lubbock, Texas 79414

FAX: 888-244-9816



Region 2

Dallas/Ft. Worth Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
1501 Circle Drive Suite 155
Fort Worth, Texas 76119

FAX: 888-223-9037

Region 3

Houston Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
Elias Ramirez State Office Building
5425 Polk Street Suite G-40
Houston, Texas 77023

FAX: 888-244-9764

Lufkin Satellite Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
3009 South John Redditt Drive No. 323
Lufkin, Texas 75904-5669

FAX: 936-639-3125

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Region 4

San Antonio Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
8918 Tesoro Drive Suite 120
San Antonio, Texas 78217

FAX: 888-244-9763

Region 5

San Juan Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
900-B East Expressway 83
San Juan, Texas 78589

FAX: 888-250-4627

A letter of acknowledgement will be sent (unless the anonymous box is checked) within one TDA workday. In the event the acknowledgement has not been received within one week, please call 877-TEX-MEAL (877-839-6325) for assistance.

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TEXAS DEPARTMENT OF AGRICULTURE
Food and Nutrition Division Complaint Form (Complaint Form)

SECTION A

TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:

¹ CONTACT INFORMATION (PERSON FILING COMPLAINT)

<input type="checkbox"/> Check if Anonymous		Complaint Type: CHOOSE AN ITEM.
First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	

² COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

Name and Address of contracting entity (CE) delivering service or benefit (if applicable)	CE ID (if known)
If complaint is against an individual, enter the name and contact information	Relationship to CE or individual

Describe complaint in detail, including date and time incident occurred. Please attach any relevant documentation that supports the complaint or alleged violation

SECTION B

TO LIST PERSON(S) WITH INFORMATION OR KNOWLEDGE ABOUT THE INCIDENT, COMPLETE THE FOLLOWING:

¹ WITNESS INFORMATION

First Name	Last Name	Phone and/or E-mail
Mailing Address	City, State, ZIP Code	

SECTION C

¹ COMPLAINANT SIGNATURE

SIGNATURE NOT AVAILABLE

Signature of Complainant Complaint received via Email	Date
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SECTION D

¹ TDA INTERNAL USE ONLY	ESC REGION CHOOSE AN ITEM.	F&N REGION CHOOSE AN ITEM.
Complaint Received by	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Walk-in <input type="checkbox"/> Fax <input type="checkbox"/> Mail Service <input type="checkbox"/> Footprint Ticket	
IQ Number and/or Footprint Ticket	F&N Program Section <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP <input type="checkbox"/> SNP <input type="checkbox"/> Commodities <input type="checkbox"/> Employee <input type="checkbox"/> Other:	
F&N Receiving Staff	Title	Date
Referred To	Title	Date