



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 complaint form.
2. Explain that the form contains instructions on how they (complainant) can file the complaint themselves or provide to the cafeteria manager for submission.
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
4. Managers will accept verbal complaints as requested. The Manager would complete the complaint form, given the verbal instructions, and submit the form.

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

If submitting a complaint via online, please visit www.SquareMeals.org and search "Complaint Form" to find JotForm to submit. Or type <https://app.smartsheet.com/b/form/063062f61d4d42e590290cbddb4ea35b> into your browser.

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 (including gender identity and sexual orientation), 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.



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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).

1. CONTACT INFORMATION (of Person Filing Complaint)

- Check if Anonymous – Check if Anonymous and skip to Number 2.

2. Select type and sub type of complaint

- 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

3. COMPLAINT ABOUT AN INDIVIDUAL OR CONTRACTING ENTITY

- CE ID (if applicable) – If known - enter the contracting entity identification number assigned by TX-UNPS.
 - Name and address of contracting entity (CE) delivering service or benefit (if applicable) – Enter the name and address of the CE.
 - 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.
 - Complaint against individual
 - 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

2. Upload or attach supporting documentation



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Texas Department of Agriculture/Departamento de Agricultura del Estado de Texas

Complaint Form for Food and Nutrition/Formulario para quejas del Comida y Nutricion

Section A/Seccion A

To file a complaint, complete the following:/ Para someter su queja favor de completar lo siguiente:

Contact Information/Informacion de Contacto

Person filing complaint/Persona sometiendo la queja

Anonymous / Anonimo

Complaint Type/Tipo de Queja *

Complaint Sub Type/Sub Tipo de Queja *

First and Last Name/Primer Nombre y Apellido

Your Address/Tu Domicilio

Your City, Zip Code/Tu Ciudad y Codigo Postal

Your Email Address/Correo Electronico Suyo

Your Phone Number/Numero de Telefono Suyo


 +1 (____) ____ - ____

Complaint about a Contracting Entity or Individual/ Queja contra una Entidad Contratante o Individuo

CE ID Number/Numero de Entidad Contratante

CE Name/Nombre de la Entidad Contratante

Complaint against Individual/ Queja - Individuo

Relationship to CE or Individual

Parentela con Entidad Contratante o Individuo

Decribe your complaint/Describa su queja *

Section B/Seccion B

Witness Information/Informacion de Testigos

To list person(s) with information or knowledge about the incident, complete the following:/ Para nombrar personas con informacion o conocimiento del incidente favor de completar lo siguiente:

Witness Name/Nombre(s) de Testigo

Witness Email or Phone Number

Correo electronico/numero de telefono del Testigo

Witness Address, City, State and Zip Code

Domicilio del Testigo

Upload supporting documentation

Suba Documentacion que Respalde su queja

Drag and drop files here or [browse files](#)

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