\_\_\_\_\_\_\_\_\_\_\_\_ District's procedure for receiving and processing Civil Rights complaints alleging discrimination within our Child Nutrition Program is as follows:

**Right to File a Complaint**

Any person alleging discrimination in the Child Nutrition Program based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. The Secretary of Agriculture or his designee may waive the 180 filing deadline for good cause. The reason justifying the waiver must be documented in writing in the complaint file.

None of the procedures set forth by the \_\_\_\_\_\_\_\_\_\_District will prevent a civil rights complaint from being accepted.

**How to File a Complaint**

All civil rights complaints regarding the Child Nutrition Program in the\_\_\_\_\_\_\_\_\_\_\_\_\_ District should be directed to \_\_\_\_\_\_\_\_\_\_\_\_\_. Frontline staff will be instructed on how to handle complaints appropriately should they receive a complaint.

Complaints may be submitted verbally, in writing, or anonymously. If a complaint is submitted verbally or in person, it should be noted by the person taking the complaint. Anonymous complaints will be handled as any other to the extent feasible based on available information.

Verbal Complaints– the person to whom the allegations are made must write up (transcribe) the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

* + Complainant Name, address & phone (email or other contacting means)
	+ Specific location and name of agency delivering the service or benefit
	+ Nature of the incident or action that led the complainant to feel discriminated
	+ What protected base (prohibited basis or protected class) the complainant feels discriminated against
	+ Names, phone numbers, titles, addresses of persons who may have knowledge of the discriminatory action
	+ The date(s) which the alleged discriminatory actions occurred or duration of such actions

(IF APPLICABLE – DELET SECTION IF NOT NEEDED) Online: Any person alleging discrimination may file a complaint with the \_\_\_\_\_\_\_\_\_\_\_ District using the complaint form at the following link: {insert link if applicable}

Email: Any person alleging discrimination may email a complaint to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. For those without current email accounts, Internet access may be freely available from your local public library, and free email accounts are available from several large providers.

Mail or Facsimile:

mail to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or send by fax to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Any person alleging discrimination may use the \_\_\_\_\_\_ District Civil Rights Complaint Form or draft their own letter which should include the following:

* + Complainant Name, address & phone (email or other contacting means)
	+ Specific location and name of agency delivering the service or benefit
	+ Nature of the incident or action that led the complainant to feel discriminated
	+ What protected base (prohibited basis or protected class) the complainant feels discriminated against
	+ Names, phone numbers, titles, addresses of persons who may have knowledge of the discriminatory action
	+ The date(s) which the alleged discriminatory actions occurred or duration of such actions
	+ Any supporting documentation or benefit denial letters, if applicable.

**Complaint Processing Procedures**

The \_\_\_\_\_\_\_\_District will not attempt to resolve any complaint alleging discrimination in the Child Nutrition Program on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability.

The \_\_\_\_\_\_\_ District will obtain all necessary complaint information and process the complaint according to and in compliance with federal and state guidelines. Within five calendar days of receiving the complaint, the complaint will be forwarded to the appropriate state and federal agencies (i.e., Mississippi Department of Education and USDA Office of Civil Rights).

**Contact Information**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mississippi Department of Education

Office of Child Nutrition

P.O. Box 771

Jackson, MS 39205-0771

601-576-5000

U.S. Dept. of Agriculture

Office of Assistant Secretary for Civil Rights

1400 Independence Avenue SW

Washington, D.C. 20250-9410

***NOTE: it is not necessary that the district adopt this form – many districts already have a complaint form in use. This is provided as an example only!***

**\_\_\_(District Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Civil Rights Complaint Form**

|  |
| --- |
| **Complainant Information**  |
| **Name** |  | **Phone** |  |
| **Address** |  | **Email** |  |
| **Other Contact Info** |  |

1. **Specific location and name of agency delivering the service or benefit**:

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

1. **Nature of the incident or action that led the complainant to feel discriminated** *\*please provide any supporting documentation with this form.*

|  |
| --- |
|  |

1. **What protected base (prohibited basis or protected class) the complainant feels discriminated against:**

🞏race 🞏color 🞏national origin 🞏sex (including gender identity and sexual orientation)

🞏age 🞏disability

1. **Names, phone numbers, titles, addresses of persons who may have knowledge of the discriminatory action**

|  |
| --- |
|  |

1. **The date(s) which the alleged discriminatory actions occurred or duration of such actions**

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

**OFFICE USE ONLY**

Check if this complaint was made 🞏 verbally or in person 🞏

Person Receiving the Complaint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_