

Division of School and Community Nutrition Program
Child Nutrition Programs
(317) 232-0850 or (800) 537-1142

CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the Indiana Department of Education respond to concerns and complaints involving all USDA programs and activities. *Anyone wishing to file a complaint may do so by writing a letter, submitting this form, or providing verbal notice to the sponsor, USDA, or State of Indiana in person or by telephone.*

To file a complaint of discrimination with the USDA, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9140 or call (202) 720-5964 (voice or TDD) or (888) 271-5938, Extension 516 (toll free).

When complaints are registered with the USDA or State of Indiana, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation, and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the Indiana Department of Education.

Please complete the following information:

Name of Complainant

Date

Name of School or Organization

Phone Number

Address, City, State, Zip

Specific Complaint: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom, and what witnesses were present. (Use additional paper, if necessary.)

Please provide information that describes how your experienced discrimination: Specify one or more of the bases of discrimination you experienced, such as race, color, national origin, sex, religion, age, or disability. (Use additional paper, if necessary.)

What solution do you request? (Use additional paper, if necessary.)

If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure you have included all the information and that the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

Signature of Complainant

Printed Name

Date

I acknowledge receipt of the complaint. I will forward the complaint to the Indiana Department of Education.

Signature of Sponsor Representative

Printed Name

Date

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and Indiana Department of Education policy.

The USDA and Indiana Department of Education prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age, or disability. The USDA and Indiana Department of Education are equal opportunity providers and employers.

Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET center at (202) 720-2600 (voice and TDD).

Internal Use ONLY: All complaints received on this form must be forwarded to the Civil Rights Specialist, IDOE, within three working days. Date forwarded: _____