



Indiana
Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (*) must be provided, whether or not the form is used.**

1. Name and Contact Information

Name: _____

Address: _____

Telephone Number: Home: () _____ Work: () _____

Email Address (if you have one): _____

Best Time of Day to Reach You: _____

Best Way to Reach You (check one): Mail _____ Phone _____ Email _____ Other: _____

If we are not able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint.

Name: _____

Telephone Number: () _____

***2. Person(s) discriminated against, if different from above:**

Name: _____

Address: _____

Telephone Number: Home: () _____ Work: () _____

***3. Do you have a lawyer or other advocate representing you for this complaint?**

Yes _____ No _____

If yes, please provide the following information...

Name: _____

Address: _____

Telephone Number: () _____

Email: _____



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10. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone Number: () _____

11. Do you have any other information that you think is relevant to our investigation of your allegations?

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

***13. 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? _____

List the date (month, day, and year) of when you filed: _____



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14. How did you learn that you could file this complaint?

Three horizontal lines for writing the answer to question 14.

If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure that 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, School and Community Nutrition Division.

Signature of Sponsor 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.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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