



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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*4. Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

*5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my _____.

*6. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

Multiple horizontal lines for writing a waiver explanation.

*8. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

Multiple horizontal lines for writing an explanation of the discrimination.



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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: _____

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



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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.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.