



**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. State your name and address:

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

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

\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

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

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

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

\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**3.\* Agency and department or program that discriminated:**

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

Any individual if known: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

**4.\* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: Asian" or "Sex: Female").**

\_\_\_\_\_ **Race/Color:** \_\_\_\_\_

\_\_\_\_\_ **National Origin:** \_\_\_\_\_

\_\_\_\_\_ **Sex:** \_\_\_\_\_

\_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ **Disability:** \_\_\_\_\_



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5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

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 No.: ( ) \_\_\_\_\_

6. If you have an attorney representing you concerning this matter in this complaint, please provide the following information:

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

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

\_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

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

Earliest date of discrimination:

\_\_\_\_\_

Most recent date of discrimination:

\_\_\_\_\_

8. 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 text entry.







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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.**

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*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.**

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*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 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](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto: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.*

317-232-0850 or 800-537-1142

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