

School Nutrition Complaint Form

To file a complaint, with the School Nutrition Program for the following districts: *Texarkana ISD, Dekalb ISD, Redwater ISD, New Boston ISD, McLeod ISD, Linden-Kildare CISD, Malta CISD or Bloomburg ISD* complete this form and submit it to *Beth Carson, Director of Student Nutrition, 1600 Waterall Texarkana, TX 75503, 903.792.2231 ext 1*. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

Complaints may be filed directly with the Texas Department of Agriculture by downloading the *Food & Nutrition (F&N) Complaint Form* at <http://www.squaremeals.org>. For assistance with the complaint process, please call 877-839-6325.

To file a complaint directly with USDA: Email Cr-info@ascr.usda.gov. You or your authorized representative must sign the complaint form. You are not required to use the complaint form. You may also file a program discrimination complaint by writing a letter to the Office of Adjudication at the address that follows: U.S. Department of Agriculture Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410. For additional information about what to include in your letter, see *How to File a Program Discrimination Complaint*, on our Web site. For information on the discrimination complaint process, contact the Office of the Assistant Secretary for Civil Rights, Information Research Service, on (202) 260-1026 or (866) 632-9992 (toll free) or send an email to the Office of the Assistant Secretary for Civil Rights at CR-INFO@ascr.usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities, may contact us through the Federal Relay Service on (800) 877-8339 or (800) 845-6136 (Spanish).

Check if you'd like to remain anonymous

I. Contact Information for Person Submitting the Complaint

(Please record your name, address, telephone number, and additional contact information in the spaces below.)

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You
Are there other ways we can contact you? <i>(If yes, list them in the box. Other ways might include an email address or a different telephone number.)</i>		

II. Reason for the Complaint

(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.
 N/A—This complaint is not against an individual.

C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

<i>Name</i>	<i>Title</i>	<i>Address/Contact Information</i>

E. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*

N/A—This complaint is not based on discrimination.

(Check the boxes that apply.)

Race Sex

Color Age

National Origen Disability

Signature of Complainant:	Date:
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-----This Space to Be Completed by Person Receiving the Complaint -----	
Name of Person Receiving Complaint:	<input type="checkbox"/> Complaint was translated <i>(Check this box if this complaint from was completed by a person other than the complainant). Complaint was made (circle response) verbally, in writing or in person.</i>
Staff Person Assigned to Address Complaint:	Date Forwarded to the Texas Department of Agriculture:

F. *Did the CE initiate resolution of the complaint while waiting for a response from TDA? If yes, report what was done to resolve the complaint. Documentation of resolution efforts must be maintained.*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

