

(This document should be printed on your agency letterhead)

Discrimination Complaint Procedure

All civil rights complaints, written or verbal shall be forwarded, within three working days, to the Civil Rights Division at the National Office via the Food and Nutrition Service Regional Office at the following address:

Special Nutrition Programs
Food and Nutrition Services
61 Forsyth Street SW, Room 8T36
Atlanta, GA 30303

Our agency will work to resolve civil rights complaints in the following manner:

Any program participant who feels they have been a victim of discrimination or denied their civil rights will be encouraged to discuss the problem with the program supervisor.

If the program supervisor is unable to resolve the problem, the program participant will be referred to our executive director or pastor.

The executive director/pastor will have five working days to investigate the complaint and meet with the program participant to resolve the complaint.

If the complaint is still unresolved, the executive director will turn the complaint over to the chairperson of the board who will appoint a committee of three board members to assist in investigating the complaint. The committee will have fifteen (15) working days to investigate and meet the program participant and resolve the complaint.

If the matter is still unresolved at this point, you may write to the USDA, Director of Civil Rights, at the address below:

USDA
Director, Office of Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
or call (800) 795-3272 (voice)
or (202) 720-6382 (TTY)

USDA is an equal opportunity provider and employer.

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CIVIL RIGHTS COMPLAINT FORM

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action.

Complaints should be forwarded
within 3 days after the filing of
the complaint to:

Civil Rights Office
U.S. Department of Agriculture, Southeast Regional Office
61 Forsyth Street, S.W., Room 8T36
Atlanta, GA 30303-315

1. Person filing complaint:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home () _____ Work () _____

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

Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Telephone Number: () _____ Work () _____

3. Agency and department or program that discriminated:

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Individual's name if known: _____

4. Discrimination based on:

____ Race _____ Color _____ National Origin

____ Sex _____ Age _____ Disability

5. Nature of complaint. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against.

5. (Cont'd)

6. Date(s) when discrimination took place: _____
If continuing, the duration of such action: _____

7. Persons who may have knowledge of the discriminatory action:

Name: _____
Address: _____
City _____ State: _____ Zip Code: _____
Telephone Number: Home () _____ Work () _____

Name _____
Address: _____
City: _____ State: _____ Zip Code: _____

In accordance with Federal law, and US Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

For Office Use Only:	Date Complaint Received: _____
Date Forwarded to the USDA: _____	
By: _____ Recipient Agency-Name: _____	
_____ State Agency-Name: _____	
Notes:	

