DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

SCHOOL NUTRITION PROGRAMS
CIVIL RIGHT COMPLAINT PROCEDURE

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.[1] The purpose of this procedure is to describe civil right complaint processing requirements at both the subgrantee and District of Columbia level.

I. Complaint Processing at Subrecipient

A. Acceptance of Complaint

A subrecipient must accept all written and verbal civil rights complaints and instruct complainants on how to file a complaint. The entity must make public the contact information for the individual to whom civil rights complaints will be directed. The subrecipient must obtain, either verbally or in writing the following information:

- Name, address, and telephone number or other means of contacting the complainant;
- The specific location and name of the subrecipient delivering the service or benefit;
- The nature of the incident or action that led the complainant to feel discrimination was a factor;
- The basis on which the complainant believes discrimination exists, such as race, color, national origin, age, sex or disability;
- The names, telephone numbers, titles, and business or personal addresses of individuals with knowledge of the alleged discriminatory action; and
- The date(s) during which the alleged discriminatory action occurred or, if continuing, the duration of such actions.

B. Forwarding to State Agency

A copy of the civil rights complaint must be forwarded to the Office of the State Superintendent of Education Civil Rights Complaint Coordinator within 3 calendar days of initial report. Complaint must be forwarded to Elizabeth Leach at Elizabeth.Leach@dc.gov.

[1] Under special circumstances this 180-day time limit may be extended by the United States, Department of Agriculture Office of Adjudication and Compliance.

C. Tracking of Complaints

The subrecipient must maintain a log of each civil rights complaint received. In addition to the information contained above, the log must track the date of the complaint, the subrecipient staff which received the complaint, and the date the complaint was forwarded to the Office of the State Superintendent of Education. This log must be kept separate from any log which record other complaints.

D. Complaint Filing

Complainants or their authorized representative should be directed to complete the USDA Program Discrimination Complaint Form. The form is attached as Appendix A to this policy, found online at https://www.usda.gov/sites/default/files/documents/Complain_combined_6_8_12_508.pdf or at any USDA office, or can be requested by calling (866) 632-9992. A complainant is not required to use the complaint form, and may write a letter instead. If the complainant writes a letter it must contain all of the information requested in the form and be signed by the complainant or the complainant's authorized representative. Failure to include all of the required information may result in a delay in complaint processing. While use of the USDA Program Discrimination Complaint form is optional, it is important to provide the complainant the form as it advises the complainant of information related to confidentiality and the Privacy Act. The subrecipient may also develop its own complaint forms, but the use of such forms must not be a prerequisite for acceptance of a complaint. It is encouraged that complaint form format be collaboratively developed and coordinated among FNS, State agency, local agency, and/or other subrecipients.

The completed, signed complaint form or letter may be mailed, faxed, or emailed to USDA at the addresses below:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
Fax (202) 690-7442
E-mail program.intake@usda.gov

For help filling out the form, instruct the complainant to call any of these telephone numbers:

(202) 260-1026 Local area
(866) 632-9992 Toll-free Customer Service
(800) 877-8339 Local or Federal relay

(800) 845-6136 Spanish relay
(866) 377-8642 Relay voice users

II. State Agency Receipt

A. Tracking of Complaints

OSSE's Civil Rights Coordinator will confirm with the subrecipient that the subrecipient (1) collected the required information; and (2) provided the complainant with the information necessary to file the complaint with USDA. The coordinator will also log all received civil rights complaints. In addition to the information required in Sections I.A. and I.C above, the coordinator must also record the date the complaint was forwarded to USDA. This log must be kept separate from any log which record other complaints.

B. Forwarding to USDA

Within two days of receipt from the subrecipient and no later than five calendar days after the initial complaint is filed, OSSE will forward the complaint to USDA FNS Civil Rights Division.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination 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).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW
CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED:
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number starting with area code: _____

Alternate Telephone Number starting with area code: _____

Best Time of the Day to Reach You _____

Best Way to Reach You, (check one): Mail ___ Phone ___ E-mail ___ Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes ___ No ___

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

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

Telephone: _____ E-mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

   Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check (✔) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency ☐ Food and Nutrition Service ☐

Rural Development ☐ Natural Resource Conservation Service ☐

Forest Service ☐ Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____ _____ _____

Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?
Address of location where incident occurred:

_____

Number and street, PO Box, or RD Number

_____ _____ _____

City State Zip Code

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

7. 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? _____

When did you file? _____ _____ _____

Month Day Year

Signature: _____ Date: _____

Mail Completed Form To:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail address:
program.intake@usda.gov

Telephone Numbers:

Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

PROPÓSITO: Este formulario está diseñado para ayudarle a radicar una querella por discriminación en los programas de USDA. Si desea ayuda para completar el formulario, usted puede llamar a los números de teléfono indicados al final del formulario.

No es necesario que usted utilize este formulario. Usted puede enviar una carta. La carta tiene que incluir la misma información requerida en este formulario. Es necesario que usted o su representante firme y feche su carta. Usted también puede enviar el formulario o la carta por fax o correo electrónico. Si usted envía sus documentos por correo electrónico, por favor adjunte al e-mail una copia del formulario con su firma. La presentación de un formulario incompleto o no firmado atrasará el proceso del trámite de su querella.

FECHA LÍMITE DE RADICACIÓN: La querella por discriminación debe presentarse dentro de 180 días desde la fecha que usted supo o debió haber sabido del acto de discriminación, a menos que el USDA prorrogue la fecha límite de radicación. Querellas enviadas por correo se consideran radicadas en la fecha que esta en el formulario, al lado de la firma, a menos que la fecha en el formulario sea diferente que la fecha de matasellos por mas que 7 dias; en este caso la querella se considera radicada el la fecha de matasellos. Querellas enviadas por fax o por correo electronico se consideran radicadas en la fecha cuando el fax o el email este enviado. Querellas radicadas después de la fecha límite de 180 días deben incluir una explicación de “una buena razón” por la demora.

Por ejemplo, usted podría tener un “buen motivo” si:

- usted estaba gravemente herido o enfermo;
- usted radicó una querella alegando la misma conducta discriminatoria dentro del periodo de 180 días con otra agencia Federal, estatal, o una agencia local de derechos civiles y esa agencia no cumplió o actuó sobre su querella; o
- no se podía razonablemente esperar que usted supiera, en el periodo exigido de 180 días, que la acción fuera discriminatoria.

POLÍTICA DEL USDA: La ley y la reglamentación federal prohiben la discriminación a causa de los siguientes criterios: raza, color, nacionalidad, religión, género, discapacidad, edad, estado civil, orientación sexual, estado de familia/estado de paternidad, ingreso derivado de programas de asistencia pública, y afiliación política.

(No todos los criterios prohibidos se aplican a todos los programas.) USDA determinará si tiene jurisdicción bajo la ley para procesar su querella por las razónes identificadas y en los programas involucrados. Está prohibida toda represalia contra una persona que presente una querella de discriminación.

DIRECCIÓN DE PROPIEDAD: Si esta querella tiene que ver con una granja, una finca o una alojamiento que no es su direccion física, por favor escriba la direccion de esta propiedad.

*****POR FAVOR, LEA LA IMPORTANTE IMFORMACIÓN LEGAL ABAJO*****

CONSENTIMIENTO

Este formulario del USDA para Querellas por Discriminación en Programas se provee de acuerdo con la Ley de la Privacidad de 1974, 5 U.S.C. §552a. La Oficina del Secretario Adjunto de Derechos Civiles del USDA solicita la información en el formulario adjunto conforme a 7 CFR Part 15. Si el formulario debidamente completo se acepta como una queja, la información recogida durante la investigación será empleada para tramitar su querella de discriminación. La divulgación es voluntaria. Sin embargo, es posible que si no provee la información requerida o no firma su querella, su querella sea desestimada. USDA avisará a Usted si su querella sea desestimada. La información que usted provee puede ser divulgada a un tercero si USDA determina que la divulgación es 1) relevante y necesaria para el Departamento de Justicia (Department of Justice), la corte u otro tribunal, o a otra parte en litigio ante el tribunal; 2) necesario para una acción ejecutiva contra un programa que ha violado las leyes o regulaciones del USDA; 3) a una oficina del Congreso si Usted ha pedido a la oficina del Congreso que se informen de su querella ó 4) a la Comisión de Derechos Civiles de los Estados Unidos en respuesta a su petición.

ESTÁ PROHIBIDA LA REPRESALIA (VENGANZA):

Ninguna agencia, oficial, empleado, o agente del USDA, incluyendo personas que representan al USDA y sus programas, puede intimidar, amenazar, hostigar, coaccionar, discriminar en contra, o de otra manera vengarse de alguien que haya radicado una querella como consecuencia de un alegado acto de discriminación o que participe de alguna manera en una investigación u otros procesos que reclaman discriminación.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form

Primer Nombre: _____ Inicial del Segundo Nombre: _____

Apellido: _____ Dirección Postal: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Dirección Electrónica (E-mail): _____

Número de Teléfono empezando con el código de area: _____

Número de Teléfono Alternativo empezando con el código de area: _____

Mejor Hora del Día para Llamar: _____

Mejor Manera de Comunicarse con Usted: Carta Escrita ___ Telefono ___

Correo electrónico ___ Otro: _____

¿Tiene usted un representante (abogado u otro defensor) para esta querella? Sí ___ No ___

Si su respuesta es sí, por favor provea la siguiente información sobre su representante:

Primer Nombre: _____ Apellido: _____

Dirección: _____ Ciudad: _____ Estado: _____

Código postal: _____ Teléfono: _____ E-mail: _____

1. ¿Quién considera usted que lo discriminó? Utilice páginas adicionales, si es necesario. Nombre(s) de la persona(s) involucrada(s) en la alegada discriminación (si lo conoce):

Por favor provea el nombre del programa que solicitó: _____

Por favor marque (☐) la Agencia del USDA que dirige el programa o provea la assistencia financial Federal para el programa (si lo conoce):

Farm Service Agency ☐ Food and Nutrition Service ☐

Rural Development ☐ Natural Resource Conservation Service ☐

Forest Service ☐ Other: _____

2. ¿Qué le pasó a usted? Utilice páginas adicionales, si es necesario, y por favor incluya cualquier documento relacionado que pueda ayudar a demostrar qué ocurrió.

3. ¿Cuándo ocurrió la discriminación?

Fecha: _____ _____ _____

Mes Día Año

Si el alegado acto de discriminación occurrió en más de una ocasión, incluya las fechas:

4. ¿Donde ocurrió la discriminación?

Dirección donde ocurrió el incidente: _____

_____ _____ _____

City State Zip/Código postal

Dirección de propiedad (ver Instrucciones): _____

_____ _____ _____

Ciudad Estado Zip/Código postal

5. Es una violación de ley el discriminar en su contra a causa de los siguientes citerios: raza, color, nacionalidad, religión, género, discapacidad, edad, estado civil orientación sexual, estado de familia/estado de paternidad, ingreso derivado de programas de asistencia pública, y afiliación política. (No todos los criterios aplican a todos los programas.) Está prohibida toda represalia contra una persona que presente una querella de discriminación.

Creo que yo fui discriminado por ser:

6. Remedios: ¿Qué se necesitaría para resolver esta querella?

7. ¿Usted radicó una querella sobre el incidente(s) en otra agencia federal, estatal, o local o en alguna corte?

Sí: _____ No: _____

¿Si es así, en cual agencia o corte la radicó? _____

¿Cuándo la radicó? _____ _____ _____

Mes Día Año

Firma: _____ Fecha: _____

Envíe el Formulario Completado a:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail: program.intake@usda.gov

Números de Teléfono:

Local: (202) 260-1026
Gratuito: (866) 632-9992
Servicio de relevo local o Federal: (800) 877-8339
Servicio de relevo en español (800) 845-6136
Fax: (202)690-7442

LEY DE REDUCCIÓN DE PAPELEO Y CARGA DE DECLARACIONES PÚBLICAS:

La Ley de Reducción de Papeleo y Carga de Declaraciones Públicas de 1995 (44 U.S.C. 3501 et seq.) requiere que le informemos a usted que esta información se recopila para asegurar que su querella contiene la información necesaria para su radicación. La Oficina del Secretario Adjunto de Derechos Civiles utilizará la información para procesar su querella por discriminación en uno de los programas. Su respuesta a esta solicitud es voluntaria. La información que usted provee en este formulario será compartida solamente con las personas que tienen la necesidad oficial de saber, y será protegida de divulgación de acuerdo a las disposiciones de la Ley de la Privacidad, 5 U.S.C. § 552a(b). La cantidad de tiempo necesaria para completar este formulario es de 60 minutos. Usted puede enviar sus comentarios con respecto a la exactitud del estimado y sugerencias para reducir el tiempo en completar este formulario a USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

Una agencia no podrá conducir o patrocinar, ni se le requiere a un individuo a responder a una solicitud para recopilar información a menos que el documento muestre un Número de Control válido de OMB. El Número de Control de OMB para este formulario es 0508-0002.