

Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

Sponsor MUST  
notify state agency  
immediately.

**NSLP CIVIL RIGHTS COMPLAINT OF DISCRIMINATION**

**Instructions:** Copy and paste the below information on your school's letterhead.

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint no later than 180 days from the date of the alleged discriminatory action. Complaints should be mailed to:

Florida Department of Agriculture and Consumer Services  
Food, Nutrition and Wellness  
407 S. Calhoun St., (H2)  
Tallahassee, Florida 32399

**Attn: Civil Rights Compliance Coordinator**

**Complainant** (Person or group that alleges discrimination)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

List other ways to contact you: \_\_\_\_\_

**Complaint Against** (Entity delivering program service or benefit)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Nature of incident(s) or action(s) that led the complainant to feel discrimination was a factor:** (You may write on the back of this form if you need more space.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s)** during which discriminatory action occurred: \_\_\_\_\_

If continuing, the duration of such action: \_\_\_\_\_

**Discrimination Exists Because Of:**

Race     Color     National Origin     Sex     Age     Disability

**Person(s) Who May Have Knowledge of the Discriminatory Action:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**Date Complaint Sent to USDA Regional Director:** \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.