

Policy for Handling Discrimination Complaints

Policy: All cafeterias will display the updated nondiscrimination poster in a prominent location for public viewing in the serving area and have the discrimination complaint form readily available.

The complaint may be filed in one of two procedures:

Procedure One: The school staff member will:

- 1. The cafeteria manager or supervisor will listen to the complaint(s) or concern(s), try to answer questions, and provide them with a discrimination complaint form
- 2. Explain that the form contains instructions on how they (complainant) can file the complaint themselves or submit to the cafeteria manager.
- 3. The complaint can be reported to the school staff member verbally, in writing, or in person.
- 4. The completed form will be submitted to the district Child Nutrition Coordinator by the school staff member.
- 5. The Child Nutrition Coordinator will submit the complaint form to the Food and Nutrition Headquarters at:

Texas Department of Agriculture Food and Nutrition Division P.O. Box 12847 Austin, TX 78711

FAX: (888) 237-5226

FN.QAQC@TexasAgriculture.gov

6. The Texas Department of Agriculture will submit the complaint form to USDA.

Procedure Two: The complainant may complete and submit the complaint form directly to:

Texas Department of Agriculture Food and Nutrition Division P.O. Box 12847 Austin, TX 78711

FAX: (888) 203-6593

FN.QAQC@TexasAgriculture.gov

U.S. Department of Agriculture Director, Center for Civil Rights Enforcement 1400 Independence Avenue, SW Washington, DC 20250-9410

OAC@usda.gov



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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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.



A.W. Brown Leadership Academy Complaint Form

To file a complaint, complete this form and submit it to the Child Nutrition Coordinator, 5701 Red Bird Center Drive, Dallas, TX 75237. All complaints, written, verbal, or in person are automatically forwarded to the Texas Department of Agriculture.

☐ 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? (If ye different telephone number.)	s, list them in the box. Other ways 1	night include an email address or a



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.	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.	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.)						
	Name			Title	Address/Contact Information			
	E.	 E. What is the basis or the type of discrimination you feel occurred? <i>If the complaint is not based on discrimination record a check in the box in front of N/A</i>. □ N/A—This complaint is not based on discrimination. 						
		(Check the boxes that apply	<i>(.)</i>					
		□Race	☐ Sex					
		☐ Color	□ Age					
		□ National Origen	□ Disa	ability				
Się	gnatur	e of Complainant						
						Date:		
		Th	nis Space t	o Be Completed	l by Person Receiving the G	Complaint		
	Name of Person Receiving Complaint:			slated (Check this box if this complaint from erson other than the complainant)				
	Staff Person Assigned to Address Complaint:		Date Forwarded to the	e Texas Department of Agriculture:				