

# Civil Rights Complaint Log and Procedures

Staff and participants must be advised at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.

Keep this log and these procedures on file.

Indiana Department of Education  
 115 West Washington Street  
 South Tower, Suite 600  
 Indianapolis, IN 46204

**USDA Child Nutrition Programs  
 Log of Civil Rights Complaints**

School and Community Nutrition  
 Child Nutrition Programs  
 (317)-232-2130

Date complaint received	Name of person who took complaint	Name and address of complainant	Explanation of event- include date of incident (use additional sheets if needed)	Type of Discrimination	Date IDOE notified	Date(s) investigation took place	Who investigated?	Date complaint resolved

*This institution is an equal opportunity provider.*

Revised 10/2015

## Introduction

The purpose of this brochure is to notify participants of Child Nutrition Programs of the requirements regarding Civil Rights and to provide guidance on the nondiscrimination in the administration of these programs.

This brochure outlines specific responsibilities, requirements, and the procedures for federally-assisted programs to ensure federal, state, and local compliance with the provision of Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Civil rights requirements in legislation and regulations that cover Child Nutrition Programs and FNS Instruction 113-1.

The main expectation in civil rights is treating everyone with dignity and respect and not discriminating based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

### When do Civil Rights Rules Apply

Civil Rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.

### Child Nutrition Programs Responsibilities

- ◆ Sponsors who participate in the program must maintain on file the racial/ethnic makeup of the children applying for and participating in the program.
- ◆ Sponsors are responsible for training any staff person who works with Child Nutrition Programs on all aspects of civil rights compliance annually.
- ◆ Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.

- ◆ Provide other language assistance to persons with Limited English Proficiency (LEP) who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to all LEP households, but the level or type of assistance can vary based on circumstances.

### Program Operations

- ◆ Determine eligibility for free and reduced price applicants in a nondiscriminatory manner.
- ◆ Communicate that any person who believes he or she has been discriminated against based on all the protected classes has a right to file a complaint within 180 days of the alleged discriminatory action.
- ◆ Routinely analyze data to determine if any groups are disproportionately represented in adverse actions and if so, take further actions to determine if there is discrimination.
- ◆ Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to the appropriate persons.
- ◆ Admission procedures should not impose requirements in excess of anything in regulations that would restrict enrollment by any group.
- ◆ Retain training records of the people who received civil rights training for three years, plus the current year.

### Public Notification

- ◆ Display the USDA “And Justice for All...” non-discrimination poster in a place where it can be seen by all who visit the premises.
- ◆ Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure that statement is also on websites that mention USDA funded programs. If the material is only one page (front and back is considered one page) and too small to include the full non-discrimination statement, use the abbreviated statement: *This institution is an equal opportunity provider.*
- ◆ Conduct outreach to insure that potentially eligible persons and households are aware of the program and have information on how to apply. Inform potentially eligible person, applicants, participants and grassroots organizations of programs.

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (\*) must be provided, whether or not the form is used.**

**1. Name and Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Email Address (if you have one): \_\_\_\_\_

Best Time of Day to Reach You: \_\_\_\_\_

Best Way to Reach You (check one): Mail \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Other: \_\_\_\_\_

If we are not able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint.

Name: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**\*3. Do you have a lawyer or other advocate representing you for this complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please provide the following information...**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**\*4. Agency and department or program that discriminated:**

Name: \_\_\_\_\_

Any individual if known: \_\_\_\_\_

**\*5. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., “Race: Asian” or “Sex: Female”).**

\_\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_\_ National Origin: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Disability: \_\_\_\_\_

**\*6. To your best recollection, on what date(s) did the alleged discrimination take place?**

**Earliest date of discrimination:** \_\_\_\_\_

**Most recent date of discrimination:** \_\_\_\_\_

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

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**\*8. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)**

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9. The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #8), please explain the circumstances below. Be sure to explain what actions you took which you believe were the bases for the alleged retaliation.

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10. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

11. Do you have any other information that you think is relevant to our investigation of your allegations?

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**\*12. Remedies: How would you like to see this complaint resolved?**

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**\*13. 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? \_\_\_\_\_

List the date (month, day, and year) of when you filed: \_\_\_\_\_

14. How did you learn that you could file this complaint?

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**If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure that you have included all the information and that the information provided is accurate and complete.**

**By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.**

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**I acknowledge receipt of the complaint. I will forward the complaint to the Indiana Department of Education, School and Community Nutrition Division.**

\_\_\_\_\_  
*Signature of Sponsor*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and Indiana Department of Education policy.**

*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, audiotope, 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](#), (AD-3027) found online at:*

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

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- ◆ Provide information in other languages concerning the availability and nutritional benefits of the child nutrition programs in areas where there are concentrations of people with LEP.
- ◆ Reach as many potential participants as possible and pay attention to under represented groups.

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

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Inquiries regarding Civil Rights requirements for Child Nutrition Programs should be directed to:

Maggie Schabel  
Indiana Department of Education, Office of School and Community Nutrition,  
115 W. Washington Street, South Tower, Suite 600  
Indianapolis, IN 46204  
[mschabel@doe.in.gov](mailto:mschabel@doe.in.gov)  
317 -232-2130



## **Civil Rights Complaint Procedure**

1. The complainant must report the civil rights complaint to the sponsor.
2. The civil rights complaint should be written in the Civil Rights Complaint Log regardless if the complaint is expressed in writing or verbally.
3. The complainant and/or sponsor are then required to complete the Civil Rights Complaint Form.
4. The following information must be included within the Civil Rights Complaint Form:
  - Name of person with the complaint and contact information
  - Name of the facility/department where the alleged discrimination took place
  - What happened?
  - Which right was violated – race, color, national origin, sex, age, or disability
  - Witnesses – including the names, titles, and business addresses of persons who may have knowledge of the discriminatory action
  - Date the discriminatory action occurred
4. All civil rights complaints, written or verbal, are then forwarded to the State Agency and/or USDA.
5. The complaint is then reviewed and investigated by the State Agency and/or USDA.

### **Important**

- ❖ It is necessary that the information provided be sufficient to determine the identity of the agency or individual towards which the complaint is directed and to indicate the possibility of a violation.
- ❖ Anonymous complaints should be handled as any other complaints.
- ❖ In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

### **Civil Rights Complaint Log**

<http://www.doe.in.gov/sites/default/files/nutrition/civil-rights-compliant-log-revised-10.2015.pdf>

### **Civil Rights Complaint Form**

<http://www.doe.in.gov/sites/default/files/nutrition/complaint-form-revised-10.2015.pdf>

***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 date of the alleged discriminatory action.***

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