



Civil Rights Complaint Procedures for Child Nutrition Programs

Please note that the complainant can file directly with USDA or send the complaint to the State Agency who will forward to USDA.

IDEA Public Schools

This document provides a process for Sponsors to follow for handling civil rights complaints. Sponsors must insert the required information in the blank sections to customize the template with district-specific information.

IDEA Public Schools is a sponsor of the U.S. Department of Agriculture (USDA) Food and Nutrition Services (FNS) Child Nutrition Programs, including NSLP, SBP, CACFP

The IDEA Public Schools provides benefits to all eligible individuals without discrimination in accordance with Federal civil rights laws and USDA policy, as governed by [FNS Instruction 113-1](#). 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, age, sex, and disability.

Program participants who feel they have been discriminated against while participating in the Child Nutrition Programs, including during the service established time frames.

Right to File

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within within

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- interviewed as necessary during investigations;
- provide necessary documents as requested by the FNSCRD or the Louisiana Department of Education (LDOE) within the timeframes established by FNS guidance;
- participate in attempts to resolve the complaint.

State Agency Notification

If the IDEAManaging Director of Child Nutrition Program is notified that a program participant has filed a Civil Rights complaint or they have filed a complaint on behalf of a program participant, they will notify the Louisiana Department of Education. The IDEAManaging Director of Child Nutrition Program will provide information as requested by the LDOE during the OCR investigation of the complaint.

A note on Louisiana protected classes: The Louisiana Constitution additionally protects individuals from discrimination based on religion, religious ideas, beliefs, or affiliations; birth; culture; physical condition; political ideas or affiliations; and national ancestry. Please see [Louisiana Constitution of 1974 Art. I, § 3. Right to Individual Dignity and Louisiana Constitution of 1974 Art. I, § 12. Freedom from Discrimination](#). To file a complaint, please contact the LDOE Division of Nutrition Support at 225.342.9661 or childnutritionprograms@la.gov

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



**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: _____

B _____

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.