

NHJ Food Service
Civil Rights Complaint Procedure
2023-2024

If a civil rights complaint is received from any student or adult **at** an NHJ school cafeteria pertaining to the meal program, please use the following procedure:

Have the person with a civil rights complaint see the cafeteria manager.

The cafeteria manager will notify the Civil Rights Coordinator for NHJ, Andrea Perry, who will meet with the complainant.

The Coordinator will then file the civil rights complaint on behalf of the complainant and log each complaint. Anyone wishing to file a complaint may do so by writing a letter, submitting the Civil Rights Complaint form, or providing

verbal notice to the sponsor, USDA, or State of Indiana in person or by telephone.

The NHJ Civil Rights Coordinator has Civil Rights Complaint forms and log

sheets on file. The form will be sent to:

1. Mail: US Department of
Agriculture

Office of the Assistant Secretary of Civil Rights

1400 Independence Avenue, SW Stop 9410

Washington, D.C. 20250-9410

2. Phone: (866) 632-9992

3. Email: program.intake@usda.gov

Individuals who are hearing impaired or have speech disabilities may contact USDA through the Local or Federal Relay Service at (800) 877-8339; or Spanish relay: (800) 845-6136.

This institution is an equal opportunity provider.

AD-3027

(1/19/12)

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)

USDA Program Discrimination Complaint Form Instructions (The complaint form is below the instructions)

PURPOSE: This form may be used if you believe you have been subjected to discrimination in any USDA program or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from public assistance program and political beliefs. If you need assistance 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.

You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint. 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. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed

or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, 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).

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USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. 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 is used to provide the information 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.

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.

USDA

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Program Discrimination Complaint Form

First Name:

Provide Your Full Mailing Address

Middle Initial:

Number and Street, PO Box, Road, or Route:

Apartment Number (if applicable):

City, State and Zip Code:

Email Address:

Telephone Number (with area code);

Alternate Telephone (with area code):

Best Way to Reach You (select one)

Mail:

Phone:

E-mail:

Last Name:

Other:

Do you have a representative (lawyer or other advocate) for this complaint?

Yes:

o

No:

0

If Yes is selected, please provide the following information about your representative:

Representative First Name:

Number and Street, PO Box, Road or Route:

Last Name:

Apartment Number:

City, State and Zip Code :

Telephone:

Email:

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 select 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

Forest Service

○

○

Natural Resource Conservation Service ○

Other:

2. What happened to you? State the date when the alleged discrimination occurred and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. Where did the discrimination occur?

Address of location where incident occurred:

Number, Street, PO Box, Road, Route

City

State

Zip Code

4. 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, 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

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

6. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: 0

No: 0

If yes, with what agency or court did you file?

When did you file?

Month

Day

Year

Signature:

Mail Completed Form To:

USDA

Office of the Assistant Secretary for Civil Rights

1400 Independence Ave, SW, Stop

9410 Washington, D.C. 20250-9410

Date:

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:

1-833-256-1665

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.

Date

complaint

received

Name of person who took

Name and address of complainant

complaint

USDA Child Nutrition Programs Log of Civil Rights Complaints

Explanation of event - include date of incident (use additional sheets if needed)

Type of

discrimination

Date

USDA or

Date(s)

investigation

Who

Date

investigated?

IDOE

took place

complaint

resolved

notified

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January 2019