



Colt Gill

Deputy Superintendent of Public Instruction

CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.

To file a Child Nutrition Programs complaint of discrimination with the State of Oregon, please send an email to ODE.CNPCivilRights@state.or.us or write Director of Child Nutrition Programs, Oregon Department of Education, 255 Capitol Street NE, Salem, OR 97310 or call (503) 947-5888, (voice) or (503) 378-2892 (TDD).

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: 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:

- 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.

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When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

Name of Complainant	Name	of School or Orga	nization Da	ate	
Address Specific Complaint: Descinclude what happened, (Use additional paper if r	when, where, to v		ctions, and/		ated to this complaint.

how you experienced discrimination. Specias race, color, national origin, sex, age, or harassment you experienced. (Use additional paper if necessary.)	ify one or more of the base	es of discrimination you experienced, such
What solution do you request? (Use addi	tional paper if necessary.)	
complaint. Review this complaint form to i	make sure all the informat	oof or other information that supports your tion provided is accurate and complete. true, accurate, and complete to the best of
Signature of Complainant	Printed Name	 Date
I acknowledge receipt of the complaint. I	will forward the complain	nt to the State of Oregon.
Signature of Sponsor or Representative	Printed Name	Date
Reprisal or retaliation against any person and State of Oregon policy.	acting in good faith in a	complaint process is a violation of USDA
reprisal or retaliation for prior civil rights at Persons with disabilities who require alter	es, and employees, and insiminating based on race, concitivity in any program or a mative means of communi	stitutions participating in or administering olor, national origin, sex, disability, age, or activity conducted or funded by USDA. ication for program information (e.g.
Braille, large print, audiotape, American Si they applied for benefits. Individuals who USDA through the Federal Relay Service at available in languages other than English.	are deaf, hard of hearing t (800) 877-8339. Addition	nally, program information may be made
Oregon Departn	nent of Education/Child N	utrition Programs
Internal use only: All complaints received ODE, within three (3) working days.		rwarded to the Civil Rights Specialist, led:
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