

Procedures for Handling a Civil Rights Complaint

Recognizing a civil rights complaint:

- The allegation may be based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
- The complainant does not need to specifically use the term "civil rights" to qualify as a civil rights complaint. Staff need to recognize that when a complainant is alleging discrimination based on any of the above classes, it is a civil rights complaint.

The complaint must be filed within 180 days (timeframes must be adhered to).

• This gives the complainant 180 days to file the complaint from the incident. Staff that collect a complaint must notify the Civil Rights Coordinator immediately.

Complaints may be written or verbal, as well as anonymous.

- Using the form below, make an effort to obtain:
 - name, address, and phone number of complainant and location and name of the LEA delivering the service;
 - nature of the incident or action;
 - basis on which the complainant believes discrimination exists (which protected class);
 - names, phone numbers, titles, and business or personal addresses of persons who may have knowledge of the action; and
 - o date during which the alleged actions occurred or duration of occurrences.

All complaints must be kept confidential, and the resolution of complaints is always encouraged at the lowest possible level.

Civil Rights Coordinator: Shelia White, email <u>white_shelia@hcde.org</u> or phone (423) 498-7283

- Complaints are to be turned in to the Civil Rights Coordinator immediately.
- Complainants also have the option of filing a complaint with the Civil Rights Coordinator or with TDOE.
- The Civil Rights Coordinator will forward all written or verbal complaints to TDOE (below).

To file a complaint directly with TDOE, contact Tennessee Department of Education Christy Ballard, Staff Attorney, via phone: (615) 741-2921; fax: (615) 532-4791; or email: <u>Christy.Ballard@tn.gov</u>. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

- 2. **fax:** (833) 256-1665 or (202) 690-7442; or
- 3. email: <u>Program.Intake@usda.gov</u>

This institution is an equal opportunity provider.

Civil Rights Complaint Form

School Nutrition Program

School (System)/Institution: Hamilton County SN Program Date of the Incident					
Name of person or persons accused of discrimination:					
Complaint:	Written:	(At	tach copy)	Verbal:	_
Complaint Filed by: Name				Date	
Address		City	State	Zip Code	
Telephone		FAX	E-Mail		
Nature of cor incident, and		of what ha		mstances surroundi	ng the alleged
Complaint re	eceived by: _		State Notificat	ion Date	