

CIVIL RIGHTS

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CIVIL RIGHTS

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in the Child and Adult Care Food Program (CACFP).

A. Public Information Responsibilities

1. Ensure that all forms of communication and printed program information that are distributed include the following *nondiscrimination statement*.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, 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, audiotape, American Sign Language [ASL]) 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> 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
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

If material is too small to permit the full statement, *USDA is an equal opportunity provider and employer* will be included at a minimum in print size **no smaller than the text**.

2. Inform parents or guardians of children in sites participating in the CACFP, as well as local minority and grassroots organizations, of the availability of program benefits and services, the nondiscrimination policy, and all significant changes in existing requirements that pertain to program eligibility and benefits.
3. Display in a prominent place the nondiscrimination poster developed by USDA. The poster is required to measure 11 inches x 17 inches.
4. Make available to the public, and to participants and potential participants upon request, information about program requirements and the procedures for filing a complaint in English and/or in the appropriate translation to non-English-speaking persons.

B. Data Collection

1. Develop a method for collection of data. Methods include determination of the information by the institution staff through observation, personal knowledge, or voluntary self-identification by an applicant on the Family-Size and Income Application (FSIA).
2. Maintain information on file for three years.
3. Establish procedures to ensure that the information is made available only to authorized state and federal personnel during reviews or as a part of federal- or state-approved surveys.

C. Civil Rights Complaints

1. All written or verbal complaints alleging discrimination on the bases of 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 USDA, shall be processed within 90 days upon receipt in the manner prescribed by this instruction.
2. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the administrative or operational level of the CACFP where a civil rights complaint is filed, it must be forwarded in accordance with Item D2 (below) to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).
3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute the allegations.

D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination 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 derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint *within 180 days* of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA.
2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the **State Agency**), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded to the FNSRO (as applicable), and then forwarded at once to the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on **pages 43 and 44**. The person who has allegedly been discriminated against must complete and sign a Complainant Consent/Release Form found on **page 45**; this form must accompany the Civil Rights Complaint Form.

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: _____

Best Time of Day to Reach You: _____

Best Way to Reach You (Check One): Mail _____ Phone _____ E-Mail _____ Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes _____ No _____

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

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

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 check (✓) the United States Department of Agriculture (USDA) agency below that conducts the program or provides federal financial assistance for the program (if known):

- | | |
|--|--|
| <input type="checkbox"/> Farm Service Agency | <input type="checkbox"/> Food and Nutrition Service |
| <input type="checkbox"/> Rural Development | <input type="checkbox"/> Natural Resource Conservation Service |
| <input type="checkbox"/> Forest Service | <input type="checkbox"/> 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, P O 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 Avenue, SW, Stop 9410
Washington, D.C. 20250-9410

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

E-Mail Address:
program.intake@usda.gov

United States Department of Agriculture (USDA)
Program Discrimination Complaint Form
Instructions

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help 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. Incomplete information will delay the processing of your complaint.

You may also send a complaint by fax or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your e-mail. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed no 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. Complaints sent by fax or e-mail will be considered filed on the day the complaint is faxed or e-mailed. Complaints filed after the 180-day deadline must include a *good cause* explanation for the delay. For example, you may have *good cause* 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.)

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: 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 concerns the information requested in the form to which this Notice is attached. The USDA's Office of the Assistant Secretary for Civil Rights 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.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is:

1. Revelant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation.
2. Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations.
3. In response to a Congressional office if you have requested that the Congressional office inquire about your complaint.
4. To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED

No agency, officer, employee, or agent of the USDA, including persons representing the USDA or 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 any investigation or other proceeding raising claims of discrimination.

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 of 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 Avenue, 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.

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