**Policy Series 700 – Auxiliary Services**
**Nutrition Services Program**

**Policy 702.1-E2**
**Child Nutrition Programs Civil Rights Complaint Form**

## COMPLAINT CONTACT INFORMATION

Name: _____

Address, City, State, Zip: _____

County: _____ Phone: (  )_____

Email: _____

## COMPLAINT INFORMATION

1. Specific name and location of entity and individual delivering the service or benefit.
   _____
   _____
   _____

2. Describe the incident or action of the alleged discrimination or give an example of the situation that has a discriminatory effect on the public, potential program participants, or current participants.
   _____
   _____
   _____
   _____
   _____

3. On what basis does the complainant feel discrimination in accordance with applicable federal and/or state laws exists (race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from public assistance programs, political beliefs, or reprisal ore retaliation for prior civil rights activity, creed, sexual orientation, religion, or actual/potential parental/ family/marital status)?
   _____
   _____
   _____

4. List the names, titles, and business addresses of persons who may have knowledge of the alleged discriminatory action.

   _____

   _____

   _____

5. List the dates during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions.

   _____

   _____

   _____

6. Date complaint received: _____

7. Person receiving complaint: _____

8. Action(s) taken:

   _____

   _____

   _____

The USDA is the cognizant agency for the Child Nutrition Programs listed and therefore is the first contact for the following protected classes of race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity for complaints received within 180 days. Civil rights complaints must be submitted to the USDA Office of Civil Rights within five calendar days of receipt and no later than 180 days of the discriminatory act. The link for submission of a complaint is program.intake@usda.gov.

In accordance with applicable federal and/or state laws, additional protected classes also include actual or potential parental, family, or marital status, sexual orientation, and creed and complaints can be filed up to 300 days of occurrence. The address for Iowa complaints is Iowa Civil Rights Commission, 6200 Park Avenue, Suite 100, Des Moines, IA 50321-1270; phone numbers 515-281-4121 or 800-457-4416; website https://icrc.iowa.gov/.

*This institution is an equal opportunity provider.*

Adopted: 7/22
Reviewed: 2/24
Revised: 7/25; 11/26
Related Policy: 702.1; 702.1-R1-R2; 702.1-E1
IASB Reference: 710.01-E(2)