CIVIL RIGHTS COMPLAINT FORM

USDA/DESE Child Nutrition Programs

This form may be used to report a concern or complaint of discrimination related to a USDA/DESE-administered Child Nutrition Program.

All Civil Rights complaints will be accepted. You are not required to use this form to make a complaint. Complaints may also be made verbally, by telephone, email, or in writing.

COMPLAINANT INFORMATION

Name:

_____

Address:

_____

City: _____ **State:** _____ **ZIP:** _____

Phone Number:

_____

Email Address:

_____

Preferred method of contact:

☐ Phone ☐ Email ☐ Mail ☐ Other: _____

Are you filing this complaint on behalf of someone else?

☐ No ☐ Yes

If yes:

Name of person you are filing on behalf of:

_____

Your relationship to this person:

_____

PROGRAM INFORMATION

Which program is this complaint related to?

Check all that apply:

□ National School Lunch Program (NSLP)
□ School Breakfast Program (SBP)
□ State Food Program (DESE)
□ Other:

_____

School/Site where the incident occurred:

_____

Date of alleged incident:

_____

Approximate time of incident, if known:

_____

Name(s) or position(s) of person(s) involved, if known:

BASIS OF COMPLAINT

I believe I was, or another person was, discriminated against based on:

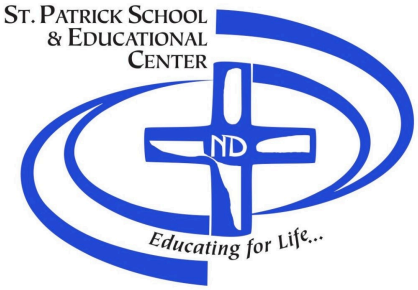
Check all that apply:

☐ Race
☐ Color
☐ National Origin
☐ Sex
☐ Disability
☐ Age
☐ Reprisal or Retaliation for prior Civil Rights activity
☐ Other: _____

DESCRIPTION OF COMPLAINT

Please describe what happened.

Please provide as much information as possible, including what occurred, when and where it occurred, and who was involved.



WITNESSES

Were there any witnesses or other people who may have information about what happened?

☐ No ☐ Yes

If yes, please provide their names and contact information, if known:

Name:

_____

Phone/Email:

_____

Name:

_____

Phone/Email:

_____

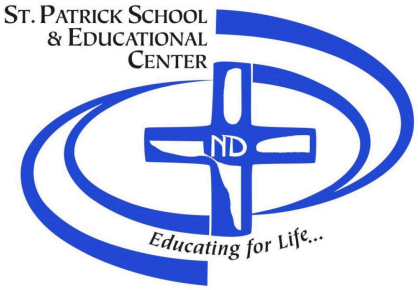
ADDITIONAL INFORMATION

Please list or attach any additional information or documentation you believe is relevant to your complaint.

ASSISTANCE

Do you need assistance completing or submitting this complaint?

☐ No ☐ Yes



If yes, please describe the assistance needed:

_____

_____

_____

SIGNATURE

I certify that the information provided on this form is true and complete to the best of my knowledge.

Signature:

_____

Printed Name:

_____

Date:

_____

_____

FOR SCHOOL USE ONLY

Date Complaint Received:

_____

Time Received:

_____

Method Received:

☐ In Person ☐ Written ☐ Email ☐ Phone ☐ Other: _____

Staff Person Receiving Complaint:

_____

USDA Program Discrimination Complaint Form (AD-3027) Offered:

☐ Yes ☐ No

Date Complaint Forwarded:

_____

Forwarded To:

□ Massachusetts Department of Elementary and Secondary Education (DESE)
□ USDA Office of the Assistant Secretary for Civil Rights

Staff Initials:

_____

IMPORTANT CIVIL RIGHTS NOTICE

All Civil Rights complaints will be accepted and handled in accordance with applicable USDA and Massachusetts DESE Civil Rights requirements.

A person making a complaint is **not required to complete this form**. If a Civil Rights complaint is made verbally, school personnel will document the complaint using the school's **Civil Rights Complaint Log / Verbal Complaint Record**.

School personnel will not discourage an individual from filing a complaint or require the individual to attempt to resolve the matter locally before a Civil Rights complaint is accepted and forwarded in accordance with established procedures.

Retaliation against any individual for filing a Civil Rights complaint or participating in a Civil Rights complaint process is prohibited.

Individuals may also file a USDA Program Discrimination Complaint using the **USDA Program Discrimination Complaint Form (AD-3027).**

This institution is an equal opportunity provider.