

PROCEDURE FOR ACCEPTING AND FILING COMPLAINTS OF DISCRIMINATION IN SCHOOL NUTRITION PROGRAM

I. Right to File a Complaint

Any person alleging discrimination basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity has a right to file a complaint within 180 days of the alleged discriminatory action.

II. Acceptance

All complaints, written or verbal, shall be accepted by **Your Agency Name Here** and be submitted to the School Nutrition Programs, Oklahoma Department of Human Services or sent directly to **U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, or faxed to (202) 690-7442 or emailed to program.intake@usda.gov**. 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. 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. Only the USDA Director of Civil Rights can reject a complaint based on lack of merit. Anonymous complaints shall be handled as any other complaint.

III. Verbal Complaints

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:

- a. Name, address and telephone number or other means of contacting the complainant.
- b. The specific location and name of the entity delivering the program service or benefit.
- c. The nature of the incident(s) or action(s) that lead the complainant to feel discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age or disability).
- e. The names, titles and addresses of persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

Adopted or Approved by:

School Name _____

Name _____

Title _____

On (date) _____