

**USDA Program Discrimination Complaint Form Instructions**

**PURPOSE:** This form may be used if you believe you have been subjected to discrimination in any USDA program or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from public assistance program and political beliefs. If you need assistance 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.

You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not 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. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, 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 in the complaint and in the programs indicated in the complaint. Retaliation 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 is used to provide the information to which this notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) 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.

**REPRISAL (RETALIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and 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 an 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 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 Ave, 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.

USDA Food and Nutrition Services  
 Idaho State Department of Education Child Nutrition Program  
 CNP Discrimination Complaint Form

First Name:	Middle Initial:	Last Name:
-------------	-----------------	------------

Mailing Address	Number and Street:	PO Box, Road, or Route:	Apartment Number:
City:	State:	Zip Code:	

Email Address:	Telephone Number (with area code):	Alternate Telephone (with area code):
----------------	------------------------------------	---------------------------------------

Best Way to Reach You (select one)

- Mail
  Phone
  Email
  Other

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

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

Representative First Name:		Representative Last Name:	
Mailing Address	Number and Street:	PO Box, Road, or Route:	Apartment Number:
City:	State:	Zip Code:	
Telephone:		Email:	

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 provide the Program Operator or Agency below that conducts the Child Nutrition Program or provides federal financial assistance for the Program (if known):

2. What happened to you? State the date when the alleged discrimination occurred and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. Where did the discrimination occur?

Mailing Address	Number and Street:	PO Box, Road, or Route:	Apartment Number:
City:	State:	Zip Code:	

4. It is a violation of the law to discriminate against you based on the six classes protected under USDA FNS Child Nutrition Program. These protected classes include race, color, national origin, sex, disability, and age. Reprisal or retaliation is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my:

5. Remedies: How would you like to see this complaint resolved?

6. 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? \_\_\_\_\_

Date of when you filed (Month/Day/Year) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Form To: USDA**

Office of the Assistant Secretary for Civil Rights  
1400 Independence Ave, 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: 1-833-256-1665

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, etc.), 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: [www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint](http://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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: mail: U.S. Department of Agriculture

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; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.