

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113-1, the _____
(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability in the food service program provided by the _____
(Institution/Sponsoring Organization).

GENERAL INSTRUCTIONS

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

Procedure for Filing Complaints of Discrimination

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptance

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the submitted 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. Anonymous complaints shall be handled as any other complaint.

3. 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 entity to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or 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 led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the 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.

Civil Rights Grievance Report Form (Complainant Section)

Name _____

Date _____

Address _____

Phone _____

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

What response did you receive from the institution representative during the alleged occurrence?

What results are you seeking from this communication?

Signature of Complainant

Date

“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](http://www.ascr.usda.gov/complaint_filing_cust.html), (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; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.”

Civil Rights Grievance Report Form (Sponsor Section)

Information on person filing grievance: (Complainant)

Name _____

Address _____

Telephone Number _____

Date Received by Institution OR Sponsoring Organization _____

Director's Name _____

Date forwarded to KDE _____

RESOLUTION/COMMENTS:

Signature of Institution or Sponsoring Organization Representative

Date

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