



COMPLAINTS PROCEDURE AND FORM

POLICY

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in Child Nutrition Programs (CNP). The following is required at the local school food authority (SFA) level.

PROCEDURE

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. All civil rights complaints within Suffolk Public Schools School Nutrition Programs should be directed to Wendy Forsman. Wendy Forsman can be reached via phone at 757-925-6750 or by email at wendyforsman@spsk12.net. Complaints can be submitted verbally, in writing, or anonymously.

Suffolk Public Schools School Nutrition Programs will obtain all necessary complaint information and process the complaint within 90 days. The complaint will be forwarded to The Office of Civil Rights.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (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.



Complete form and submit to District Contact within 180 days of the alleged discriminatory action. Forms can be submitted via email to email address or through US mail to SFA address.

Name:

School:

Address:

Phone:

Email:

1. What happened to you? Please include date, location and any supporting documentation that would help show what happened.

2. Who do you believe discriminated against you? List name(s).

3. Name(s) of witness(es) to alleged prohibited conduct if applicable:

4. It is a violation of the law to discriminate against you based on the following: this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. I believe I was discriminated against based on my:



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