



## Complaints Alleging Discrimination

### Child Nutrition Program Policy

The following guidelines are to be followed should anyone come forward with a discrimination complaint within the Child Nutrition Program at this Local Education Agency.

- Any person that approaches the Child Nutrition Program staff and claims they have been discriminated against should be encouraged to complete the Discrimination Complaint Form. Any member of the Child Nutrition Program or district personnel can assist with the process. If the person chooses not to complete the form, the staff assisting the person may take the information verbally and complete the form on the behalf of the complainant.
- Any person that would like to file a complaint directly with the Texas Department of Agriculture may do so by completing a complaint form (found at <http://www.squaremeals.org/ineedto/fileacomplaint.aspx>) and sending to the following address:

Texas Department of Agriculture  
Food and Nutrition  
PO Box 12847  
Austin, Texas 78711

- The Discrimination Complaint Form, once completed, is forwarded to Pam Kaufmann, Asst. Superintendent. Mrs. Kaufmann can be reached directly at:  
Child Nutrition Services, Rockdale ISD  
520 W. Davilla, Rockdale, TX 76567  
512-430-6000
- All complaints received are forwarded by the Nutrition Department Director of the Texas Department of Agriculture, Food and Nutrition Division, Compliance Department.
- More information regarding filing complaints about discrimination can be found on the United States Department of Agriculture's website: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>

## CIVIL RIGHTS COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the *Rockdale Independent School District* for discrimination. You are not required to use this form; a letter with the same information is sufficient.

1. State your name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

2. Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

3. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination:

\_\_\_\_\_

Most recent discriminations:

\_\_\_\_\_

4. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

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We cannot accept a complaint if it has not been assigned. Please sign and date this complaint form below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the complete, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Agriculture  
Food & Nutrition Service  
Civil Rights Division  
3101 Park Center Drive, Room 942  
Alexandria, VA 22302  
(703) 305-2195

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