

Discrimination Complaint Policy Child Nutrition Department

Steps: Who handles the complaint?

1. The Child Nutrition Campus Manager is notified that a parent has an alleged discrimination complaint; the CN Manager obtains form 19.6 from the TDA Administrators Reference Manual, and proceeds to visit and listen to the parent's complaint on discrimination.
2. CN Campus Manager hands the discrimination complaint form 19.6 to the parent and asks the parent to fill out the form. The CN Campus Manager reviews the form for all needed information.
3. CN Campus Manager tells the parent that an investigation will be conducted and that the parent will be informed of the results by the CN Director.
4. CN Director informs the Superintendent of Schools of the alleged discrimination received by the director from the parent, and the investigation being conducted. The Superintendent of Schools notifies TDA of the alleged discrimination complaint.
5. CN Director conducts the investigation to determine whether the alleged discrimination occurred.
6. CN Director notifies parent of investigation results. If discrimination occurred, the CN Director informs the parent of the corrective action taken. If no alleged discrimination occurred, the parent is notified of the results of the investigation by the CN Director.
7. If the parent is still unsatisfied with the investigation results, he/she is asked to contact the Superintendent of Schools.
8. The Superintendent receives a copy of the discrimination complaint form 19.6 along with the documentation of the investigation. The Superintendent will then conduct an investigation into the alleged discrimination.
9. The Superintendent notifies the parent of the investigation results. The Superintendent notifies TDA of the results of the alleged discrimination investigation, and forwards the information to them.
10. The Superintendent notifies the parent that the alleged discrimination complaint has been forwarded to TDA/USDA.

Duval County Complaint Form

To file a complaint, complete this form and submit it to {Facility Director / phone 361-279-2040}. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

Check if you'd like to remain anonymous

I. Contact Information for Person Submitting the Complaint

(Please record your name, address, telephone number, and additional contact information in the spaces below.)

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You

Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)

II. Reason for the Complaint

(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.

N/A— This complaint is not against an individual.

C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

Name	Title	Address/Contact Information

E. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*

N/A—This complaint is not based on discrimination.

(Check the boxes that apply.)

Race Sex

Color Age

National Origin Disability

Signature of Complainant

	Date:
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-----This Space to Be Completed by Person Receiving the Complaint -----	
Name of Person Receiving Complaint:	<input type="checkbox"/> Complaint was translated <i>(Check this box if this complaint from was completed by a person other than the complainant)</i>
Staff Person Assigned to Address Complaint:	Date Forwarded to the Texas Department of Agriculture: