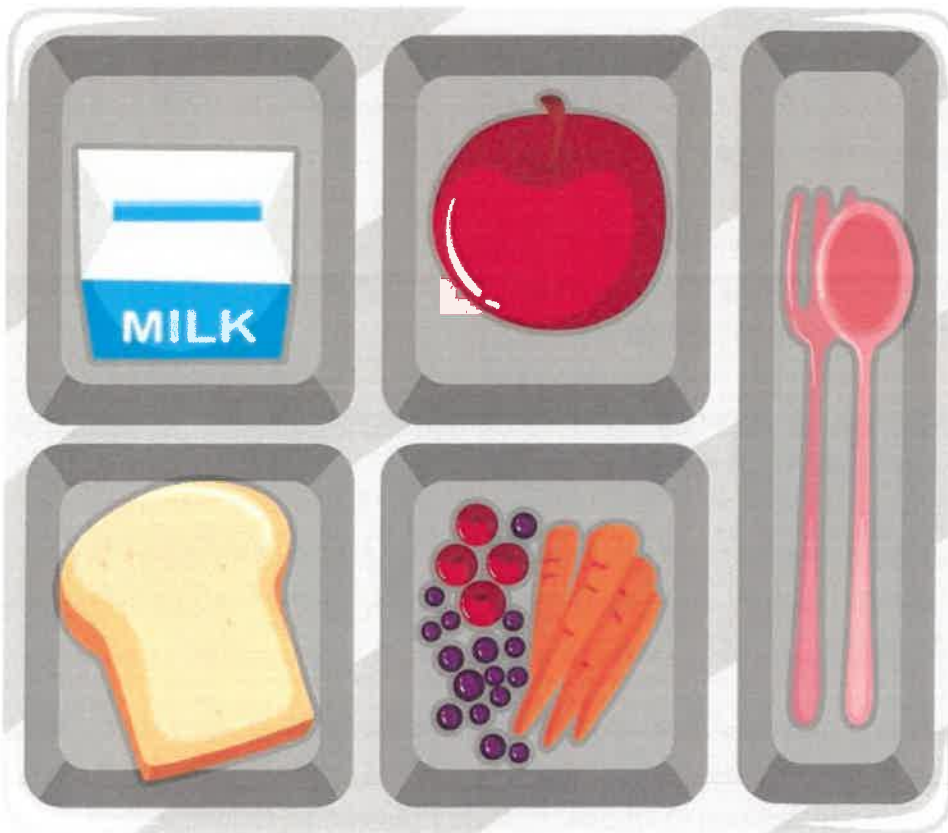


# Civil Rights Requirements

For Child Nutrition Programs



## Introduction

The purpose of this brochure is to notify participants of Child Nutrition Programs of the requirements regarding civil rights and to provide guidance on the nondiscrimination in the administration of these programs.

This brochure outlines specific responsibilities, requirements, and the procedures for federally-assisted programs to ensure federal, state, and local compliance with the provision of Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. Civil rights requirements in legislation and regulations that cover Child Nutrition Programs and FNS Instruction 113-1.

The main expectation in civil rights is treating everyone with dignity and respect and not 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.

## When do Civil Rights Rules Apply

Civil Rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.

## Child Nutrition Programs Responsibilities

Sponsors who participate in the program must maintain on file the racial/ethnic makeup of the children applying for and participating in the program.

Sponsors are responsible for training any staff person who works with Child Nutrition Programs on all aspects of civil rights compliance annually.

Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g. mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.

Provide other language assistance to persons with Limited English Proficiency (LEP) who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to all LEP households, but the level or type of assistance can vary based on circumstances.

### **Program Operations**

Determine eligibility for free and reduced price applicants in a nondiscriminatory manner.

Communicate that any person who believes he or she has been discriminated against based on all the protected classes has a right to file a complaint within 180 days of the alleged discriminatory action.

Routinely analyze data to determine if any groups are disproportionately represented in adverse actions and if so, take further actions to determine if there is discrimination.

Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to the appropriate persons.

Admission procedures should not impose requirements in excess of anything in regulations that would restrict enrollment by any group.

Retain training records of the people who received civil rights training for three years, plus the current year.

### **Public Notification**

Display the USDA "And Justice for All..." non-discrimination poster in a place where it can be seen by all who visit the premises.

Include the USDA non-discrimination statement on all materials that mention USDA funded programs and ensure that statement is also on websites that mention USDA funded programs.

Conduct outreach to insure that potentially eligible persons and house holds are aware of the program and have information on how to apply. Inform potentially eligible person, applicants, participants and grassroots organizations of programs.

Provide information in other languages concerning the availability and nutritional benefits of the child nutrition programs in areas where there are concentrations of people with LEP.

Reach as many potential participants as possible and pay attention to under represented groups.

*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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*

Inquiries regarding civil rights requirements for Indiana Child Nutrition Programs should be directed to:

Maggie Schabel

Indiana Department of Education, Office of School and Community Nutrition,

115 W. Washington Street, South Tower, Suite 600

Indianapolis, IN 46204

[mschabel@doe.in.gov](mailto:mschabel@doe.in.gov) ; 317 -232-2130

## Civil Rights Complaint Procedure

1. The complainant must report the civil rights complaint to the sponsor.
2. The civil rights complaint should be written in the [Civil Rights Complaint Log](#) regardless if the complaint is expressed in writing or verbally.
3. The complainant and/or sponsor are then required to complete the [Civil Rights Complaint Form](#). Use of a Civil Rights complaint form must not be a pre-requisite to an acceptance of a complaint.
4. Include the following in your complaint letter:
  - Your name, address and telephone number.
  - The name, address, and telephone number of your attorney or authorized representative, if you are represented.
  - The basis of your complaint. The basis is what you believe was the motivating factor for the discrimination. For example, you may believe you were treated differently because of your race, color, religion, sex, age, national origin, marital status, sexual orientation, familial/parental status, disability, or because all or a part of an individual's income is derived from a public assistance program. (Not all bases apply to all programs).
  - The date(s) that the incident(s) you are reporting as discrimination occurred.
  - The name of the individual(s) or entity you believe discriminated against you and the agency or recipient that employs that/those individual(s).
  - The issue(s) of your complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that discriminated against you, resulting in some harm. Explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please include how other persons were treated differently from you, if applicable. If you were denied a benefit or service, please provide a copy of the denial letter. If you have documents to support the events you are reporting, provide a copy of the supporting documents.
5. All civil rights complaints, written or verbal, are then forwarded to USDA.

### Important

- It is necessary that the information provided be sufficient to determine the identity of the agency or individual towards which the complaint is directed and to indicate the possibility of a violation.
- Anonymous complaints should be handled as any other complaints.
- In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

***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 date of the alleged discriminatory action.***

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**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights**

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**USDA Program Discrimination Complaint Form Instructions**  
(The complaint form is below the instructions)

**PURPOSE:** The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help 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. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. 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. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" 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 and in the programs involved. Reprisal 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 concerns the information requested in this form 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.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

**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.





**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
Program Discrimination Complaint Form**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number starting with area code: \_\_\_\_\_

Alternate Telephone Number starting with area code: \_\_\_\_\_

Best Time of the Day to Reach You \_\_\_\_\_

Best Way to Reach You, (check one): Mail \_\_\_ Phone \_\_\_ E-mail \_\_\_ Other: \_\_\_\_\_

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

If yes, please provide the following information about your representative:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 name the program you applied for (if known/if applicable): \_\_\_\_\_

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

- Farm Service Agency                       Food and Nutrition Service   
Rural Development                       Natural Resource Conservation Service   
Forest Service                       Other: \_\_\_\_\_

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: \_\_\_\_\_  
                    Month                      Day                      Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?  
Address of location where incident occurred:

\_\_\_\_\_  
Number and street, PO Box, or RD Number

\_\_\_\_\_  
City                      State                      Zip Code

5. It is a violation of the law to discriminate 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) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

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

7. 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? \_\_\_\_\_

When did you file? \_\_\_\_\_  
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

E-mail address:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

**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: (202)690-7442

## **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 Child Nutrition Programs  
Log of Civil Rights Complaints**

Date complaint received	Name of person who took complaint	Name and address of complainant	Explanation of event - include date of incident (use additional sheets if needed)	Type of discrimination	Date USDA or IDOE notified	Date(s) investigation took place	Who investigated?	Date complaint resolved

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January 2019

