



Handling Discrimination Complaints Procedure

Under United States Department of Agriculture (USDA) regulations, contracting entities (CE's) must assure that school nutrition program (SNP) benefits are made available and provided to all eligible individuals without discrimination based on:

1. Race
2. Color
3. National Origin
4. Sex
5. Disability
6. Age
7. Reprisal or retaliation for prior civil rights activity

All SNP complaints alleging discrimination based on race, color, national origin, sex, disability, age and reprisal or retaliation for prior civil rights activity, verbal, written, or in person will be accepted by the Food and Nutrition Services staff and forwarded to TDA, or can be filed directly with TDA or USDA. No attempt to resolve the complaint will be made without first forwarding the complaint to TDA.

To file a complaint directly with USDA

To file a program discrimination complaint, you may obtain a complaint form by sending an email to CR-Info@USDA.gov. You or your authorized representative must sign 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. Employment civil rights complaints will not be accepted through this email address.

You may submit your completed form or letter to USDA by:

Mail:

U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights,
1400 Independence Ave, SW, STOP 9410, Washington,
DC 20250-9410;

Fax: 1 (833) 256-1665 or (202) 690-7442; or

e-Mail: program.intake@usda.gov

You may also visit USDA website at:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>

For additional information about what to include in your letter, see **How to File a Program Discrimination Complaint**, at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> on U.S. DEPARTMENT OF AGRICULTURE website. For information on the discrimination complaint process, contact the Office of the Assistant Secretary for Civil Rights, Information Research Service, on (202) 260-1026 or (866) 632-9992 (toll free) or send an email to CR-Info@USDA.gov. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.), should contact USDA's TARGET Center at (202) 690-0443 (voice and TDD) or contact through the Telecommunications Relay Service at 711 or (800) 845-6136 (Spanish).

[USDA Program Discrimination Complaint Form](#)



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To file a complaint form with Texas Department of Agriculture

Food and Nutrition General Contact Information and Complaints

General Contact Information (877) TEX MEAL (839-6325) Fax (888) 203-6593 squaremeals@texasagriculture.gov	Mailing Address Texas Department of Agriculture P.O. Box 12847 Austin, Texas 78711-2847
Physical Address Texas Department of Agriculture 1700 North Congress Avenue, 10th Floor Austin, Texas 78701	TDA Fraud Prevention Coordinator 1-866-5-FRAUD-4 1-866-537-2834 Fraud@TexasAgriculture.gov

Need to file a complaint with Food and Nutrition? ¿Necesita presentar una Queja con Comida y Nutrición?

[Instructions in English/ Instrucciones en Español](#)

[Form Used to file a complaint \(Bilingual\).](#)

TDA Regional Office Contact Information

Region 3 - Houston Office

Telephone

(713) 921-8201

Fax

(888) 244-9764

Address

Texas Department of Agriculture
Food and Nutrition (F&N)
Elias Ramirez State Office Building
5425 Polk Street, Suite G-40
Houston, TX 77023



To file a complaint form with Dickinson ISD Food and Nutrition Services

To file a complaint through **Dickinson ISD Food and Nutrition Services** please contact any employee in person or by phone at 281-229-6012. You can also give your verbal complaint to any FNS employee and they will complete the form. Any verbal or written complaint will be accepted by Food and Nutrition Services staff at any school kitchen location or at our Food and Nutrition Services offices located at 4003 Video St. Dickinson, TX. 77539. Completed complaint forms will:

1. Be taken by any FNS employee
2. Be given to an FNS Manager
3. The FNS Manager will forward the complete complaint form to the Director of Food and Nutrition Service.
4. The Food and Nutrition Director will forward the completed complaint to Texas Department of Agriculture (TDA).

Nondiscrimination Statement reads as follows:

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, disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: Program.Intake@usda.gov

This institution is an equal opportunity provider.



DICKINSON ISD COMPLAINT FORM

To file a complaint, complete this form and submit it to

{Enter Name or Position Title of Person Receiving Complaint and Contact information}.

All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

☐

Check if you would 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.)

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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?

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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.

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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.

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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.

Please circle all that applies: Race Sex

Signature of Complainant	Date

-----This Space to Be Completed by Person Receiving the Complaint -----

Name of Person Receiving Complaint:	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:

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