

## **USDA Nondiscrimination Statement**

**For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:**

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.

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## PROCEDURE FOR ACCEPTING AND FILING COMPLAINTS OF DISCRIMINATION IN SCHOOL NUTRITION PROGRAM

### I. Right to File a Complaint

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.

### II. Acceptance

All complaints, written or verbal, shall be accepted by Lakewood Christian School be submitted to the School Nutrition Programs, Oklahoma Department of Human Services or sent directly to **U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410, or faxed to (202) 690-7442 or emailed to [program.intake@usda.gov](mailto:program.intake@usda.gov)**. 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. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Only the USDA Director of Civil Rights can reject a complaint based on lack of merit. Anonymous complaints shall be handled as any other complaint.

### III. Verbal Complaints

In the event that a complainant makes the allegation 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. Every effort should be made to have the complainant provide the following information:

- a. Name, address and telephone number or other means of contacting the complainant.
- b. The specific location and name of the entity delivering the program service or benefit.
- c. The nature of the incident(s) or action(s) that lead the complainant to feel discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age or disability).
- e. The names, titles and addresses of persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

### Adopted or Approved by:

School Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

ON (DATE) \_\_\_\_\_

**Civil Rights Worksheet****Date of Completion** \_\_\_\_\_

- |   |       |       |
|---|-------|-------|
| 1. Do all printed material and letters to household include:  | Yes   | No    |
| a. the required nondiscrimination statement?  | _____ | _____ |
| b. where a complaint may be filed?  | _____ | _____ |
| 2. Is a USDA/FNS approved poster displayed in a prominent place, visible to program participants?   | _____ | _____ |
| 3. Has the School/SFA sent out a public release to local media, community and/or grassroots organizations?  | _____ | _____ |
| 4. Are foreign language translations available when a significant number of persons speaking only a foreign language are in the population?                             | _____ | _____ |
| 5. Are written procedures established to receive complaints alleging the discrimination?  | _____ | _____ |
| 6. Have there been any written or verbal complaints alleging discrimination?  | _____ | _____ |
| 7. If YES, have these complaints been reported to the State Agency?   | _____ | _____ |
| 8. Are Program Benefits made available and provided to all children without Discrimination on the basis of their race, color, national origin, sex, age, or disability? | _____ | _____ |
| 9. Are incorrectly denied free and reduced-priced application disproportionately composed of minority applications?   | _____ | _____ |
| 10. Are disabled students provided program benefits as prescribed by regulations (including special dietary needs), as appropriate?                                     | _____ | _____ |
| 11. Is a prescription from the physician on file for each individual with special dietary needs?  | _____ | _____ |
| 12. Is Civil Rights training provided to staff responsible for food service?  | _____ | _____ |

<b>Racial and Ethnic Classifications (see definition on side 2)</b>	<b>Enrollment</b>	<b>Number of Approved for Free and Reduced-Priced Meals/ Free Milk</b>	<b>Number Denied</b>
Ethnicity:			
Hispanic or Latino			
Not Hispanic or Latino			
Race:			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or other Pacific Islander			
White			
Total Students			

**Data must be collected annually and retained on file for 3 years.**

**Instructions for determining ethnic and racial classifications.**

On the household applications, families have the option to designate race and ethnicity. When completing the Civil Rights Worksheet, determine the ethnicity of each student first and then determine the race of each student. **Note:** race and ethnicity are two different categories. School personnel should use household applications, direct certification letters, or other school records to identify the classification of each student receiving free or reduced price meals. If households have not identified ethnicity or race, the school may use visual observation to classify students. At no time, should the school change the ethnicity or race designated on the student's application by a parent.

Schools may record ethnicity and racial identity of each student on the Master List found in Chapter 5 of the School Nutrition Programs Compliance Handbook.

**Definition of Racial and Ethnic Classifications**

**Ethnicity:** One designation for each student receiving benefits.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino.**

**Race:** Applications may note one or more racial designations. When an application notes more than one race, count each designation on the Civil Rights Worksheet.

**American Indian or Alaska Native-** a person having origins in any of the original peoples of North and South America (including Central American), and who maintains tribal affiliations or community attachment.

**Asian-** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American-** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

**Hispanic or Latino-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".

**Native Hawaiian or Other Pacific Islander-** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White-** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**NOTE:** The ethnic and racial information collected for this program is made available only to authorized State and Federal personnel as requested, or as part of Office of Management and Budget (OMB) approved surveys.

**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):

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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.