

CIVIL RIGHTS COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Halifax County Schools Child Nutrition Program. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

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. *Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: () _____

4. *Nonemployment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g. "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

*Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

____ Race/Color: _____
____ National Origin: _____
____ Sex: _____
____ Religion: _____
____ Age: _____
____ Disability: _____

5. What is the most convenient time and place for us to contact you about this complaint?

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: _____

Tel. No. () _____

6. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

Telephone No.: () _____

7. *To your best recollection, on what date(s) did the alleged discrimination take place?
Earliest date of discrimination:

[illegible][illegible]

10. The laws we enforce prohibit recipients of federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participating in action to (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for alleged retaliation.

[illegible]

11. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone No.: () _____

12. Do you have any other information that you think is relevant to our investigation of your allegations?

13. What remedy are you seeking for the alleged discrimination?

[illegible]

14. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government (including U.S. Department of Agriculture)?

Yes _____ No _____

If so, do you remember the complaint number?

Which agency and department or program was it filed with?

Address: (Include City, State, and Zip Code)

Telephone Number: () _____

Date and Filing: _____

Government Agency: _____

Briefly describe the nature of the complaint:

What were the results?

15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

- ____ U.S. Equal Opportunity Commission
____ Federal or State Court
____ Your State or local Human Relations/Rights Commission
____ Grievance or complaint office

16. If you already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____
Date Filed: _____
Case or Docket Number: _____
Date of Trial/Hearing: _____
Location of Agency/Court: _____
Name of Investigator: _____
Status of case: _____

Comments:

17. While it is necessary for you to know about aid that the agency or institution you are filing against receives from the federal government, if you know of any Food and Nutrition Services funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

* 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

18. How did you learn that you could file this complaint?

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Please read information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of information act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the federal government.

CONSENT/RELEASE

Initial on the above
If you give consent

CONSENT GRANTED- I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and I do so voluntarily.

Initial on the above
if you deny consent

CONSENT DENIED- I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date