

How to File A Civil Rights Complaint



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE.

Objectives

At the end of this training, attendees should be able to:

- understand the basic policy and regulation regarding complaints of discrimination under the USDA;
- follow procedures to file a complaint within the correct timeline;
- file a written or verbal complaint; and
- direct the complaint to the appropriate recipient.

TRAINING HOURS

Information to include when documenting this training for Professional Standards:

Training Title: How to File a Civil Rights Complaint

Key Area: 3000 – Administration

Learning Code: 3420

Length: 15 minutes



The instruction within this How -To Guide is based on guidance from Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, ADA Amendments Act of 2008, Age Discrimination Act of 1975, Civil Rights Restoration Act of 1987, 7 CFR 15, 7 CFR 16, 28 CFR 35, 28 CFR 36, 28 CFR 42, and USDA Departmental Regulations, FNS Program Regulations.

It is recommended to review the information from the resources above for additional help with understanding guidance in this instruction.

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



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Civil Rights Policy

SECTION 1



Enforcing Civil Rights Regulation

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

The Right to File

When one has experienced a situation where possible discrimination has occurred, all individuals involved have the right and are encouraged to file and report it through a complaint letter.

Individuals have 180 days from the date of the incident to report and file a complaint.

- If the incident occurred more than 180 days ago, the individual could request a waiver and will be required to explain why the complaint was not filed sooner in the complaint letter.

Filing a Civil Rights Complaint

SECTION 2



Reporting Discrimination

SAMPLE COMPLAINT FORM

FNS has created a Sample Complaint Form that can be found [here](#). This form is intended to assist individuals in properly filing a complaint.

Although this form may be used, it is not required and a letter with the required information will be accepted.

If a complaint is made in person and the complainant refuses to make a formal complaint in writing, the person who took the complaint is required to write up the complaint for the complainant.

AD-3027

OMB Control No: 0508-0002
Expiration Date: 09/30/2027

U.S. Department of Agriculture
USDA Program Discrimination Complaint Form

Complainant Information		
First name	Middle Initial	Last Name
Mailing Address (Include Full City, State and Zip Code)		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: ☐ Mail ☐ Phone ☐ Email ☐ Other		
If you have difficulty understanding the English language, you may request language assistance services by calling 866-632-9992. Assistance will be available for individuals who are not proficient in English. Persons with disabilities who require alternative means of communication (e.g., braille, large print, American Sign Language) should contact the responsible State or local Agency that administers the program or contact the United States Department of Agriculture (USDA) through the Federal Telecommunications Relay Service at 711 (voice TTY).		
Representative Information		
Do you have a representative? ☐ Yes ☐ No		Do you have written authorization from representative? If so, please attach. ☐ Yes ☐ No
First name	Last Name	
Mailing address (Include Full City, State and Zip Code)		
Phone	Email	
Complaint Information (attach additional pages and supporting documentation as needed)		
1. Provide the name of the program you applied for (if known/applicable).		
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. ☐ Agricultural Marketing Service, AMS ☐ Foreign Agricultural Service, FAS/Trade and Foreign Agricultural Affairs, TFAA ☐ Food and Nutrition Service, FNS ☐ Forest Service, FS ☐ Farm Service Agency, FSA ☐ National Institute of Food and Agriculture, NIFA ☐ Natural Resources Conservation Service, NRCS ☐ Rural Development, RD ☐ Other ☐ Unknown		
3. Date of recent alleged discrimination (mm/dd/yyyy)	4. Location and/or address of the office where discrimination occurred	
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).		

ALL EFFORTS SHOULD BE MADE TO
INCLUDE ALL REQUIRED
COMPLAINT INFORMATION.

Written Complaints

WHEN FILING A COMPLAINT, THE FOLLOWING MUST BE INCLUDED:

-  **NAME OF PERSON BEING DISCRIMINATED AGAINST**
-  **NAME OF AGENCY AND DEPARTMENT OR PROGRAM THAT ALLEGEDLY DISCRIMINATED**
-  **TYPE OF DISCRIMINATION (NON-EMPLOYMENT OR EMPLOYMENT)**
-  **BASIS OF DISCRIMINATION (RACE, COLOR, NATIONAL ORIGIN, SEX, INCLUDING GENDER IDENTITY AND SEXUAL ORIENTATION, RELIGION, AGE, DISABILITY)**
-  **DATES OF ALLEGED DISCRIMINATION (TO THE BEST RECOLLECTION)**
-  **DETAIL OF WHAT HAPPENED (INCLUDING THE BELIEF OF WHY THE INCIDENT HAPPENED AND WHO WAS INVOLVED)**

Types of Discrimination

As explained in the previous slide, the type of discrimination must be included in the complaint letter.

Types include either **Non-employment** or **Employment**.

NON-EMPLOYMENT

is discrimination that occurs during the delivery of services or while being denied services.

EMPLOYMENT

is discrimination of a job applicant or employee by the department or agency.

Quiz Time

How many days after an incident does an individual have to submit a complaint?

- A** 180 Days
- B** 45 Days
- C** 30 Days
- D** 90 Days



Quiz Time

How many days after an incident does an individual have to submit a complaint?

- A** 180 Days
- B** 45 Days
- C** 30 Days
- D** 90 Days

The individual has 180 days to submit a complaint from the day of the alleged incident. A waiver may be requested for complaints that were not submitted within the 180-day deadline.



Quiz Time

Is the statement below a non-employment or employment discrimination complaint?

An individual's application for a cafeteria manager position at Rock Road Elementary School was denied because of their race or color.

A Non-employment

B Employment

Is the statement below a non-employment or employment discrimination complaint?

A family applying for meal benefits through a household application at Rock Road Elementary School was denied because of their race or color.

A Non-employment

B Employment



Quiz Time

Is the statement below a non-employment or employment discrimination complaint?

An individual's application for a cafeteria manager position at Rock Road Elementary School was denied because of their race or color.

A Non-employment

B Employment

The individual in this statement was allegedly discriminated against by the department based on their race or color and, therefore this type of complaint would be employment.

Is the statement below a non-employment or employment discrimination complaint?

A family applying for meal benefits through a household application at Rock Road Elementary School was denied because of their race or color.

A Non-employment

B Employment

The family in this statement was allegedly discriminated against because they were denied services based on their race or color, and therefore this type of complaint would be non-employment.



Submitting the Complaint

Once the Sample Complaint Form or the written complaint has been completed, the individual has the option to either send this into the Arizona Department of Education (ADE) who will then forward the complaint to FNS, or it can be sent directly to FNS.

TO FILE THE COMPLAINT WITH ADE

Submit the complaint to :
<https://helpdeskexternal.azed.gov/>

TO FILE THE COMPLAINT WITH FNS

Mail the complaint to:
Office of Civil Rights, 1400 Independence Avenue, S.W.,
Washington, D.C. 20250-9410
or call (800) 795-3272.

CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



<https://helpdeskexternal.azed.gov/>



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to File a Civil Rights Complaint**

Information to include when documenting this
training for Professional Standards:

Training Title:
How to File a Civil
Rights Complaint

Key Area: 3000 – Administration

Learning Code: 3420

Length: 15 minutes

Please note, attendees must document the amount of training hours
indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting this training for Professional Standards:

Training Title:
**How to File a Civil
Rights Complaint**

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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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.

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