



Arizona Department of Education
Health and Nutrition Services

Procedure for Complaints of Discrimination

All United States Department of Agriculture (USDA) Food and Nutrition Programs should implement the revised nondiscrimination statement. It is meant to serve participants and applicants in the event they feel they have been discriminated against. The statement also implies the public can expect to be treated fairly, regardless of circumstances. The USDA requires that the following non-discrimination statement be published on all Child Nutrition Program (CNP) materials:

The **Long Statement** reads as follows:

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 Form (AD-3027) found online at: www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, 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.

This institution is an equal opportunity provider.

The **Short Statement** reads as follows:

This institution is an equal opportunity provider.

The shorter statement may be used if the material is too small to permit the long statement. However, the print size should be no smaller than the text of the document. Examples include: letters, memos, notices, menus, internet, public service announcements, television spots, or advertisements, recruitment and outreach correspondence.

The CNP operator shall accept all complaints of discrimination, whether written or verbal, relating to the Child Nutrition Programs that are filed within 180 days of the alleged discrimination. The CNP operator shall handle all anonymous complaints in the same manner as other complaints. Records shall be kept of all complaints and forwarded to the Secretary of Agriculture.

The complainant shall be advised to send the complaint to one of the following:

- mail: Ms. Melissa Conner, Associate Superintendent
Arizona Department of Education, Health & Nutrition Division
1535 West Jefferson Avenue, Bin #7
Phoenix, AZ 85007
- mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington D.C. 20250-9410;
- fax: (202) 690-7442
- email: 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; or (800) 845-6136 (Spanish).

Records shall be kept of all complaints and forwarded to the Secretary of Agriculture.

Complaints of discrimination should contain the following information:

- 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, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- The date(s) that the incident(s) you are reporting as discrimination occurred. Please note that we cannot accept a complaint about an incident that took place more than 180 days prior to the filing of the complaint. If the discrimination occurred more than 180 days prior to filing your complaint, you may request a waiver of the filing requirement.
- 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.

If you have questions or concerns, please contact your Health and Nutrition Services specialist at ContactHNS@azed.gov.