

Child and Adult Care Food Program PROCEDURE FOR COMPLAINTS OF DISCRIMINATION

The USDA requires that the following non-discrimination statement be published in all Child and Adult Care Food Program materials:

The U. S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) or

USDA is an equal opportunity provider and employer.

The Sponsor shall accept all complaints of discrimination, whether written or verbal, relating to the Child and Adult Care Food Program that are filed within 180 days of the alleged discrimination. The sponsor 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:

- Ms. Mary Szafranski, Associate Superintendent; Health and Nutrition Division; Arizona Department of Education; 1535 West Jefferson Avenue, Bin #7, Phoenix, AZ 85007 **or**
- USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or fax (202) 690-7442 or email at 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:

1. Name, address and telephone and any other means to contact complainant
2. The specific location and name of the entity delivering benefits
3. Nature of the incident or action that led the complainant to feel that discrimination was a factor, or an example of the method of administration which is having a disparate effect on the public, potential participants, or participants
4. Basis on which the complainant feels that discrimination occurred (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.)
5. Names and titles, if known, and addresses of person who may have knowledge of the discriminatory action
6. The date(s) the alleged discriminatory actions occurred or the duration of such action.

CACFP is an equal opportunity provider and employer

Revised 2014