

# 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are encouraged to access professional development materials directly from the training library to prevent use of outdated content.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



Food & Nutrition Service	FNS INSTRUCTION	NUMBER
	U.S. DEPARTMENT OF AGRICULTURE 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302-1500	113-1

INFORMATION FOR: All FNS Employees and State Agencies

Civil Rights Compliance and Enforcement – Nutrition Programs and Activities

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DISTRIBUTION: EAD, EF4, EN	MANUAL MAINTENANCE INSTRUCTIONS: This Instruction Replaces FNS Instructions 113-1, Rev 1, 113-2, 113-3, 113-4, 113-6, 113-7 and 113-8. Remove all FNS Instructions listed here and replace with this Instruction.	RESPONSIBLE FOR PREPARATION AND MAINTENANCE: CRD	Page 1 11/8/05
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FORM FNS-420 (1-99) Previous editions obsolete  
Electronic Form Version Designed in JetForm 5.1 Version

The instruction within this How -To Guide is based on guidance from the [FNS Instruction 113 - 1](#).

It is recommended to review the information in FNS 113 -1, including Appendix E, 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

"USDA disallows discrimination in all its programs and activities.

The Food and Nutrition Service (FNS) is administered by USDA and oversees the enforcement of the prohibition against discrimination to protect customers and employees within the various Child Nutrition Programs (CNPs).

FNS prohibits discrimination based on race, color, national origin, age, disability, sex (including gender identity and sexual orientation), religion, political beliefs, reprisal, or because an individual's income is derived from any public assistance program."

# 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 in FNS 113-1 Appendix E. 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.

FNS INSTRUCTION 113-1  
APPENDIX E

SAMPLE COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the [insert name of agency or organization]. 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.: ( ) \_\_\_\_\_

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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**

Email the complaint to  
ContactHNS@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



ContactHNS@azed.gov



[www.azed.gov/hns](http://www.azed.gov/hns)





# Congratulations

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**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

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## 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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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](mailto:program.intake@usda.gov).

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