

## PROCEDURE FOR FILING DISCRIMINATION

### COMPLAINTS

1. **Right to File a Complaint.** Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action.
2. **Acceptance.** All written discrimination complaints will be sent directly to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD) Verbal complaints, including anonymous complaints, will be accepted.

*Note: A non-discrimination statement is also posted in our website with the contact information above.*

3. **Verbal Complaints.** In the event that a complaint is made verbally, the person receiving the allegation will write up the complaint to include as much of the following information as possible:
  - a. Name, address, and telephone number or other means of contacting the complainant.
  - b. The specific location and name of the entity delivering the program service or benefit.
  - c. The nature of the incident(s) or action(s) that lead the complaint to be filed.
  - d. The basis on which the complainant feels discrimination has occurred, i.e., race, color, national origin, sex, age or disability.
  - e. The names, titles and address of persons who may have knowledge of the discriminatory action(s).
  - f. The date(s) during the alleged discriminatory action(s) occurred or, if continuing, the duration of such action(s).

**SAMPLE DISCRIMINATION**

**(NOT REQUIRED)**

**COMPLAINT FORM**

- 1. Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Telephone Number: \_\_\_\_\_
- 4. List other ways to contact you: \_\_\_\_\_
- 5. Name and location of person(s) or organization you are filing a complaint against:

6. Tell what incident(s) happened that made you feel you had been discriminated against and the date(s) it/they occurred.

7. On what basis does the complainant believe he or she was discriminated against (age, sex, color, national origin, race or disability)?

8. List name(s), title(s), address (es) of person(s) having knowledge of discriminatory action(s).

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All complaints, written or verbal, will be accepted by the Local Education Agency (School) and forwarded to the Student Nutrition Bureau, New Mexico Public Education Department.