



Oregon Department of Education

Kate Brown, Governor

Office of Learning/Student Services

255 Capitol St NE, Salem, OR 97310

Voice: 503-947-5600

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CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. **Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.**

To file a Child Nutrition Programs complaint of discrimination with the State of Oregon, please send an email to ODE.CNPCivilRights@state.or.us or write Director of Child Nutrition Programs, Oregon Department of Education, 255 Capitol Street NE, Salem, OR 97310 or call (503) 947-5888, (voice) or (503) 378-2892 (TDD).

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

Please complete the following information:

Name of Complainant

Name of School or Organization

Date

Address

City

State

Zip

Phone Number

Specific Complaint: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present.
(Use additional paper if necessary.)

(Over)

Is this complaint regarding discrimination or harassment? If so, please provide information that describes how you experienced discrimination. Specify one or more of the bases of discrimination you experienced, such as race, color, national origin, sex, age, or disability. If you experienced harassment, specify the type of harassment you experienced.

(Use additional paper if necessary.)

What solution do you request? *(Use additional paper if necessary.)*

If possible, please provide copies of all documentation, evidence, proof or other information that supports your complaint. Review this complaint form to make sure all the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

Signature of Complainant

Printed Name

Date

I acknowledge receipt of the complaint. I will forward the complaint to the State of Oregon.

Signature of Sponsor or Representative

Printed Name

Date

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and State of Oregon policy.

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.)

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). USDA is an equal opportunity provider and employer.

Oregon Department of Education/Child Nutrition Programs

Internal use only: All complaints received on this form must be forwarded to the Civil Rights Specialist, ODE, within three (3) working days. Date forwarded: _____