



Indiana
Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (*) must be provided, whether or not the form is used.**

1. Name and Contact Information

Name: _____

Address: _____

Telephone Number: Home: () _____ Work: () _____

Email Address (if you have one): _____

Best Time of Day to Reach You: _____

Best Way to Reach You (check one): Mail _____ Phone _____ Email _____ Other: _____

If we are not able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint.

Name: _____

Telephone Number: () _____

***2. Person(s) discriminated against, if different from above:**

Name: _____

Address: _____

Telephone Number: Home: () _____ Work: () _____

***3. Do you have a lawyer or other advocate representing you for this complaint?**

Yes _____ No _____

If yes, please provide the following information...

Name: _____

Address: _____

Telephone Number: () _____

Email: _____



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*4. Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

*5. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: Asian" or "Sex: Female").

_____ Race/Color: _____

_____ National Origin: _____

_____ Sex: _____

_____ Age: _____

_____ Disability: _____

*6. To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: _____

Most recent date of discrimination: _____

7. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

Multiple horizontal lines for text entry.



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10. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone Number: () _____

11. Do you have any other information that you think is relevant to our investigation of your allegations?

***12. Remedies: How would you like to see this complaint resolved?**

***13. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?**

Yes _____ No _____

If yes, with what agency or court did you file? _____

List the date (month, day, and year) of when you filed: _____

14. How did you learn that you could file this complaint?



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If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure that you have included all the information and that 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 Indiana Department of Education, School and Community Nutrition Division.

Signature of Sponsor

Printed Name

Date

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

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, audiotope, 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 Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:

317-232-0850 or 800-537-1142
115 West Washington Street, South Tower, Suite 600, Indianapolis, IN 46204
<http://www.doe.in.gov/nutrition/scn-civil-rights-requirements>



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- (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.