

CHILD NUTRITION PROGRAMS

LOGAN CITY SCHOOL DISTRICT

PROGRAM DISCRIMINATION COMPLAINT FORM

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. You are not required to use this complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested in the form and be signed by you or your authorized representative.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have 'good cause' if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

TO FILE A COMPLAINT ALLEGING DISCRIMINATION: Complete the form found online at <http://www.loganschools.org>, or contact the Utah State Board of Education, Child Nutrition Programs at (801) 538-7680.

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You may give this complaint verbally a Logan City School District Staff member, written complaint, or use this form.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (if you have one): _____

Telephone Number (starting with area code): _____

Cell Phone Number (starting with area code): _____

Best Time of the Day to Reach You: _____

Best Way to Reach You (check one): Mail _____ E-mail _____ Phone _____ Cell _____

1. Who do you believe discriminated against you? Use additional pages if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

2. Please name the program you applied for (if known/if applicable):

3. What happened to you? Use additional pages if necessary, and include any supporting documents that would help show what happened.

4. When did the discrimination occur?

Date: Month _____ Day _____ Year _____

If the discrimination occurred more than once, please provide the other dates:

5. Where did the discrimination occur?

Address and specific location of where incident occurred:

6. It is a violation of the law to discriminate against you based on the following: race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

I believe I was discriminated against based on my:

Signature: _____ Date: _____

Mail Completed Form To:

Child Nutrition Program
Logan City School District
101 W Center
Logan, Utah 84321

E-mail Address:

paul.guymon@loganschools.org

Telephone Numbers:

Child Nutrition Program
Logan City School District
(435) 755-2300

Fax Numbers:

Child Nutrition Program
Logan City School District
Fax: (435) 755-2311

Utah State Board of Education
Child Nutrition Programs
(801) 538-7680

Utah State Board of Education
Child Nutrition Programs
Fax: (801) 538-7883

Complaints alleging discrimination will be forwarded to Utah State Board of Education, Child Nutrition Programs for review.

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Office Use Only:

Circle was received Verbally, Written, or on the Complaint Form

Name:

Date: