## CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINT FORM

COMPLAINT CONTACT INFORMATION NAME:	
STREET ADDRESS, CITY, STATE, ZIP:	
COUNTY:	AREA CODE/PHONE:
E-MAIL ADDRESS:	
COMPLAINT INFORMATION  1. SPECIFIC NAME AND LOCATION OF BENEFIT:	F THE ENTITY AND INDIVIDUAL DELIVERING THE SERVICE
	ION OF THE ALLEGED DISCRIMINATION OR GIVE AN HAS A DISCRIMINATORY EFFECT ON THE PUBLIC, S, OR CURRENT PARTICIPANTS:
	LAINANT FEEL DISCRIMINATION EXISTS (race, color, national orientation, religion, gender identity, political party affiliation, tatus)?
4. LIST THE NAMES, TITLES, AND BUS KNOWLEDGE OF THE ALLEGED DISC	SINESS ADDRESSES OF PERSONS WHO MAY HAVE CRIMINATORY ACTION:

5. PROVIDE ANY ADDITIONAL INFORMATION RELATED TO THE ALLEGED DISCRIMINATION. COMPLAINANT MAY PASTE PICTURES, TABLES, ETC. INTO THE SPACE BELOW OR ATTACH ANY DOCUMENTS RELEVANT TO THE COMPLAINT.
6. LIST THE DATE(S) DURING WHICH THE ALLEGED DISCRIMINATORY ACTIONS OCCURRED, OR IF CONTINUING, THE DURATION OF SUCH ACTIONS:
7. DATE COMPLAINT RECEIVED:
8. PERSON RECEIVING COMPLAINT:
9. ACTION(S) TAKEN:
USDA is the cognizant agency for the Child Nutrition Programs listed and therefore is the first contact for the six protected classes of race, color, national origin, sex (including gender identity and sexual orientation), age, and disability for complaints received within 180 days. A complainant has 180 days from the date of the alleged discriminatory act to submit a complaint. The complaint must be submitted to the Food and Nutrition Services (FNS) Civil Rights Division (CRD) within 5 calendar days of receipt by the State or local office. The email address for submission of a complaint is: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> or USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Stop 9410, Washington, D.C. 20250-9410. In addition to sending the complaint to USDA, the SFA is required to send a copy of the complaint to the State agency.
In lowa, protected classes also include sexual orientation, gender identity, religion or creed and complaints can be filed up to 300 days of occurrence. The address for lowa complaints is: lowa Civil Rights Commission, 6200 Park Ave, Suite 100, Des Moines, IA 50321; phone number 515-281-4121, 800-457-4416; website: <a href="https://icrc.iowa.gov/">https://icrc.iowa.gov/</a> .
This institution is an equal opportunity provider.
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