



Civil Rights Complaint Form

Child Nutrition Programs

The U.S. Department of Agriculture (USDA) and the State of Wyoming 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 Wyoming Department of Education (WDE) in person or by telephone.**

To file a Child Nutrition Programs complaint of discrimination with the WDE, please send an e-mail to Tamra Jackson (tamra.jackson@wyo.gov) or write the Child Nutrition Programs State Director, WDE, 122 W. 25th St. Suite E200, Cheyenne, WY 82002 or call (307) 777-6263.

To file a complaint of discrimination with the USDA, complete the USDA Program Discrimination Complaint Form (https://www.ascr.usda.gov/sites/default/files/Complain_combined_6_8_12_508_0.pdf) or write a letter addressed to USDA and provide in the letter all of the information requested on the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- 2) Fax: (202) 690-7442: or
- 3) E-mail: program.intake@usda.gov

When complaints are registered with the USDA or WDE, 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 them to the WDE.

Please complete the following information:

Name of Complainant	Name of School/Organization	Date
Address	City	State
		Zip
		Phone

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.)

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 solutions do you request?

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 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 Wyoming Department of Education.

Signature of Sponsor or Representative

Printed Name

Date

Reprisal of retaliation against any person acting in good faith in a complaint process is a violation of USDA and WDE 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, audiotape, 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. This institution is an equal opportunity provider.

Internal use only: All complaints received on this form must be forwarded to the WDE Nutrition Program Supervisor within three (3) working days. Date forwarded: _____