



Short Nondiscrimination Statement

If the material is too small to permit the full statement, the material may include the below abbreviated statement, in print size no smaller than the text.

This institution is an equal opportunity provider.



Nondiscrimination Statement

Si el material es demasiado corto para la declaración entera, se puede incluir esta frase abreviada de un tamaño de texto que no sea más pequeño del resto del texto.

Esta institución es un proveedor que ofrece igualdad de oportunidades.



Full Nondiscrimination Statement

A USDA required nondiscrimination statement must be included on ALL forms of communication and program materials related to receipt of free or reduced-price child nutrition program benefits, including all materials for public information, education, or distribution that mention USDA programs.

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.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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:

- (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.



Nondiscrimination Statement

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en:

[http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish Form 508 Compliant 6 8 12 0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf), y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: 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; o*
- (3) correo electrónico: program.intake@usda.gov.*

Esta institución es un proveedor que ofrece igualdad de oportunidades.

AND JUSTICE FOR ALL

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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 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. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

program.intake@usda.gov.

This institution is an equal opportunity provider.

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y reprimir o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al (866) 632-9992. Envíe su formulario o carta completos al USDA por

correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; o

correo electrónico:

program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

Civil Rights Complaint Officer: Jeannie Adair, (574) 722-10030

Location: Administration Building

Civil Rights Complaint Procedure

1. The complainant must report the civil rights complaint to the sponsor.
2. The civil rights complaint should be written in the Civil Rights Complaint Log regardless if the complaint is expressed in writing or verbally.
3. The complainant and/or sponsor are then required to complete the Civil Rights Complaint Form.
4. Include the following in your complaint letter:
 - Your name, address and telephone number.
 - The name, address, and telephone number of your attorney or authorized representative, if you are represented.
 - The basis of your complaint. The basis is what you believe was the motivating factor for the discrimination. For example, you may believe you were treated differently because of your race, color, religion, sex, age, national origin, marital status, sexual orientation, familial/parental status, disability, or because all or a part of an individual's income is derived from a public assistance program. (Not all bases apply to all programs).
 - The date(s) that the incident(s) you are reporting as discrimination occurred. Please note that we cannot accept a complaint about an incident that took place more than 180 days prior to the filing of the complaint. If the discrimination occurred more than 180 days prior to filing your complaint, you may request a waiver of the filing requirement. (See waiver information below.)
 - The name of the individual(s) or entity you believe discriminated against you and the agency or recipient that employs that/those individual(s).
 - The issue(s) of your complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that discriminated against you, resulting in some harm. Explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please include how other persons were treated differently from you, if applicable. If you were denied a benefit or service, please provide a copy of the denial letter. If you have documents to support the events you are reporting, provide a copy of the supporting documents.

Important

It is necessary that the information provided be sufficient to determine the identity of the agency or individual towards which the complaint is directed and to indicate the possibility of a violation.

Anonymous complaints should be handled as any other complaints.

In the event a complainant makes the allegations verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

Civil Rights Complaint Log

<http://www.doe.in.gov/sites/default/files/nutrition/civil-rights-complaint-log-revised-10.2015.pdf>

Civil Rights Complaint Form

https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the date of the alleged discriminatory action.

This institution is an equal opportunity provider.

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: _____

***4. Agency and department or program that discriminated:**

Name: _____

Any individual if known: _____

9. The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #8), please explain the circumstances below. Be sure to explain what actions you took which you believe were the bases for the alleged retaliation.

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?

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, 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.

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:

- (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.