



SCHOOL NUTRITION SERVICES

CIVIL RIGHTS COMPLAINT OF DISCRIMINATION PROCEDURE AND FORM

POLICY

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in Child Nutrition Programs (CNP). The following is required at the local school food authority (SFA) level.

PROCEDURE

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 alleged discriminatory action. All civil rights complaints within Martinsville City Public Schools School Nutrition Programs should be directed to Sheilah W. Williams, Director of School Nutrition Services or T.J. Slaughter, MCPS Compliance Officer. Sheilah W. Williams can be reached via phone at 276-403-5711 or by email at swilliams@martinsville.k12.va.us. T.J. Slaughter can be reached via phone at 276-403-5820 or by email at tslaughter@martinsville.k12.va.us. Complaints can be submitted verbally, in writing, or anonymously.

Martinsville City Public Schools School Nutrition Programs will obtain all necessary complaint information and process the complaint within 90 days. The complaint will be forwarded to VDOE Office of School Nutrition Programs, PO Box 2120, Richmond, VA 23218-2120.

Sheilah W. Williams
Director of School Nutrition Programs
800 Ainsley Street
Martinsville, VA 24112
276-403-5711
swilliams@martinsville.k12.va.us

T.J. Slaughter
Compliance Officer
746 Indian Trail
Martinsville, VA 24112
276-403-5820
tslaughter@martinsville.k12.va.us

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.

COMPLAINT FORM

Complete form and submit to District Contact within 180 days of the alleged discriminatory action. Forms can be submitted via email to email address or through US mail to SFA address.

Name: _____

School: _____

Address: _____

Phone: _____

Email: _____

1. What happened to you? Please include date, location and any supporting documentation that would help show what happened.

2. Who do you believe discriminated against you? List name(s).

3. Name(s) of witness(es) to alleged prohibited conduct if applicable:

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. I believe I was discriminated against based on my:

5. How would you like to see this complaint resolved?

