

AD-3027

OMB Control Number 0508-0002

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights

USDA Program Discrimination Complaint Form Instructions
(The complaint form is below the instructions)

PURPOSE: This form may be used if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the 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.

We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the process of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. 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. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed.

Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, 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; or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

OFFICE LOCATION WHERE DISCRIMINATION OCCURRED: List the location and/or address of the office where discrimination occurred. If not known, this part of the form can be left blank.

WHERE TO FILE YOUR COMPLAINT: You may 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, Ave, SW, STOP 9410, Washington, DC 20250-9410;

Fax: 1 (833) 256-1665 or (202) 690-7442; or

e-Mail: program.intake@usda.gov.

You may also visit our website at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

LEGAL INFORMATION

CONSENT: This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a), and is used to solicit information for processing complaints of discrimination. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (OASCR) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

REPRISAL (RETALIATION) PROHIBITED:

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

PRIVACY ACT STATEMENT(5 U.S.C. § 552a)

AUTHORITIES: Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 790-790f) and any other anti-discrimination statutes, rules and regulations.

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

ROUTINE USES: To respond to requests from individuals and agencies outside the Department (such as the White House, Congress, and the Equal Employment Opportunity Commission) regarding the status of a complaint. More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by the OASCR.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 (*44 U.S.C. 3501 et seq.*) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. The Office of the Assistant Secretary for Civil Rights will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**



UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form

Complainant Information

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

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Primary Phone Number: _____

Alternate Telephone Number: _____

Best Way to Reach You (check one): Mail ____ Phone ____ E-mail ____ Other: ____

Representative Information

Do you have a representative? Yes ____ No ____

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Do you have written authorization from representative? Yes ____ No ____

If so please attach.

Complaint Information *(attach additional pages and supporting documentation as needed)*

1. Provide the name of the program you applied for (if known/applicable).

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2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program.

Farm Service		Food and Nutrition Service	<input type="checkbox"/>
Rural Development	<input type="checkbox"/>	Natural Resource Conservation Service	<input type="checkbox"/>
Forest Service	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Unknown	<input type="checkbox"/>		

3. Date of recent alleged discrimination (mm/dd/yyyy): _____

4. Location and/or address of the office where discrimination occurred:

5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known):

6. What happened to you? (please include dates of each allegation)

7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on:

8. Remedies: How would you like to see this complaint resolved?

9. 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?

When did you file? _____ _____ _____
 Month Day Year

Complainant Signature: _____ Date: _

Representative Signature: _____ Date: _

Mail Completed Form To:

USDA
Office of the Assistant Secretary for Civil
Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410
E-mail address: program.intake@usda.gov

Telephone Numbers:

Local area: 202-260-1026
Toll-free customer service:
866-632-9992
Local or Federal Relay Service:
800-845-6136
Spanish Relay Service: 800-845-6136
Fax: 202-690-7442

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District Regulation

2260 - EQUITY IN SCHOOL AND CLASSROOM PRACTICES COMPLAINT PROCEDURE (M)

Section: Program
 Date Created: March 2016
 Date Edited: May 2024

M

A. Purpose and Application

1. The purpose of this procedure is to give any student or the parent(s) of a student the opportunity to appeal an alleged violation of the district's Affirmative Action Plan for school and classroom practices, as set forth in Policy 2260.
2. This procedure is intended to facilitate an equitable and just resolution of a dispute at the most immediate level and will be implemented in an informal manner.
3. Every reasonable effort will be made to expedite the process in the interest of a prompt resolution. Time limits may, however, be extended with the consent of all parties.
4. All participants in the procedure will respect the confidentiality that this district accords to information about individual students.

B. Definitions

1. "Affirmative Action Officer" means the district official responsible for the coordination of activities relating to compliance with the Affirmative Action Plan.
2. "Affirmative Action Plan" means the Affirmative Action Plan for school and classroom practices adopted by the Board of Education.
3. "Board of Education" means the Board of Education of this school district.
4. "Complainant" means a student or parent(s) who believes that they have been harmed or adversely affected by a failure to enforce the district's Affirmative Action Plan.
5. "Complaint" means an unresolved problem concerning the interpretation or application by an officer or employee of this school district of law and regulations regarding the Affirmative Action Plan.
6. "Day" means a working or calendar day as identified.
7. "Student" means an individual enrolled in any formal educational program provided by the school district.
8. "School district" means this school district.
9. "Violation" means the failure of a district official or employee to take the positive steps outlined in Policy 2260 and/or included in the Affirmative Action Plan.

C. Procedure

1. A complainant shall discuss their complaint with the staff member most closely involved in an attempt to resolve the matter informally.
2. If the matter is not resolved to the satisfaction of the complainant within thirty working days of the discussion with the staff member most closely involved, the complainant may submit a complaint to the Affirmative Action Officer. The complaint may be reported: in person; in writing; verbally by telephone; by mail to the office address; or by electronic mail. The complaint may be reported during business or non-business hours.
3. The complaint shall include:
 - a. The student's name and, in the complaint of a person acting on behalf of the student, the name and address of the complainant;
 - b. The specific failure to act of which the complainant complains;
 - c. The school employee, if any, responsible for the alleged violation of the Affirmative Action Plan;
 - d. The results of discussions conducted in accordance with C.1. above; and
 - e. The reasons why the results of the discussions were not satisfactory to the complainant.
4. The Affirmative Action Officer will investigate the matter informally and will respond to the complaint in writing no later than seven working days after receipt of the complaint filed in accordance with C.2. above. A copy of the complaint and the response will be forwarded to the Superintendent.
5. The Affirmative Action Officer's written response may be appealed to the Superintendent in writing within three working days after it has been received by the complainant. The appeal will include the original complaint, the response to the

complaint, and the complainant's reason for rejecting the response. A copy of the appeal must be given to the staff member alleged to have violated the Affirmative Action Plan.

6. On their timely request (that is, submitted before the expiration of the time within which the Superintendent must render a decision), the complainant will be given an informal hearing before the Superintendent, at a time and place convenient to the parties, but no later than seven working days after the request for a hearing has been submitted. The Superintendent may also require the presence at the hearing of the staff member charged with violation of the Affirmative Action Plan and any other person with knowledge of the violation.
7. The Superintendent will render a written decision in the matter no later than seven working days after the appeal was filed or the hearing was held, whichever occurred later. Copies of the decision will be given to all parties and to the Board.
8. The complainant may appeal the Superintendent's decision to the Board by filing a written appeal with the Board Secretary no later than three working days after receipt of the Superintendent's decision. The appeal shall include:
 - a. The original complaint;
 - b. The response to the complaint;
 - c. The Superintendent's decision;
 - d. A transcript of the hearing, if one has been made, or a summary of the hearing to which all parties have consented; and
 - e. The complainant's reason for believing the Superintendent's decision should be changed.
9. A copy of the appeal to the Board must be given to the staff member, if any, charged with a violation of the Affirmative Action Plan.
10. The Board will review all papers submitted and may render a decision on the basis of the proceedings below. If the complainant so requests, the Board may convene a hearing, at which all parties may be represented by counsel and may present and examine witnesses, who will testify under oath.
11. The Board will render a written decision no later than forty-five calendar days after the appeal was filed or the hearing held, whichever occurred later. Copies of the decision will be given to all parties.
12. The complainant will be informed of their right to appeal the Board's decision to the Commissioner of Education or to the New Jersey Division on Civil Rights.

D. Record

1. The records of any complaint processed in accordance with this procedure shall be maintained in a file separate from the student's cumulative file. A notation shall be made in the student's file of the presence of the record in the separate file.
2. A copy of the decision rendered at the highest level finding a violation of the Affirmative Action Plan has occurred shall be kept in the personnel file of the employee found to have committed a violation of the Affirmative Action Plan.

Adopted: 2 March 2016
Revised: 2 March 2022
1 May 2024

