



Indiana Department of Education
SUPPORTING STUDENT SUCCESS

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. State your name and address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

2.* **Person(s) discriminated against, if different from above:**

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

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

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: () _____

4.* **Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: Asian" or "Sex: Female").**

_____ **Race/Color:** _____

_____ **National Origin:** _____

_____ **Sex:** _____

_____ **Age:** _____

_____ **Disability:** _____

5. What's the most convenient time and place for us to contact you about this complaint?

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 No.: () _____

6. If you have an attorney representing you concerning this matter in this complaint, please provide the following information:

Name: _____

Address: _____

Telephone No.: () _____

7.* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination:

Most recent date of discrimination:

8. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

11. 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 No.: () _____

12. Do you have any other information that you think is relevant to our investigation of your allegations?

13. What remedy are you seeking for the alleged discrimination?

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 Representative

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 Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The USDA and the State of Indiana are equal opportunity providers and employers.
