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**Complaint Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *To file a complaint, complete this form and submit it to respinoza@doralacademytx.com or in person or mail at 1333 Firecracker Dr, Buda, TX 78610. All Food Service complaints alleging discrimination based on race, color, national origin, sex, age, or disability via verbal statement, written statement, or stated in person must be accepted by Child Nutrition personnel and will be forwarded to the Texas Department of Agriculture.* | | | | | | | | |
| Check if you’d like to remain anonymous | | | | |  | | | |
|  | | | | | | | | |
| 1. **Contact Information for Person Submitting the Complaint**   *(Please record your name, address, telephone number, and additional contact information in the spaces below.)* | | | | | | | | |
|  | | First Name | | | Middle Initial | | | Last Name |
|  | | | | | | | | |
|  | | Address | | | City, State, and Zip Code | | | Best Telephone Number for You |
|  | | | | | | | | |
|  | | Are there other ways we can contact you? (*If yes, list them in the box. Other ways might include an email address or a different telephone number.)* | | | | | | |
|  | | | | | | | | |
| 1. **Reason for the Complaint**   *(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)* | | | | | | | | |
|  | | 1. What is the name and address of the entity you are filing the complaint about? | | | | | | |
|  | | | | | | | | |
|  | | 1. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.   N/A—This complaint is not against an individual. | | | | | | |
|  | | | | | | | | |
|  | | 1. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form. | | | | | | |
|  | | 1. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)* | | | | | | |
|  | | ***Name*** | | ***Title*** | | | ***Address/Contact Information*** | |
|  | |  | |  | | |  | |
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|  | |  | | | | | | |
|  | | 1. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*   N/A—This complaint is not based on discrimination.  *(Check the boxes that apply.)* | | | | | | |
| Race | Sex | | | | | |
| Color | Age | | | | | |
| National Origen | Disability | | | | | |
| **Signature of Complainant** | | | | | | | | |
|  |  | | | | | | Date: | |
|  |  | | |  | | |  | |
| **-----This Space to Be Completed by Person Receiving the Complaint -----** | | | | | | | | |
|  | **Name of Person Receiving Complaint:** | | | | | **Complaint was translated** *(Check this box if this complaint from was completed by a person other than the complainant)* | | |
|  | | | | |  | | |
| **Staff Person Assigned to Address Complaint:** | | | | | **Date Forwarded to the Texas Department of Agriculture:** | | |

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

To file a program discrimination complaint, a Complainant should complete a Form AD 3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA OASCR%20P Complaint Form 0508 0002 508 11 2817Fax2Mail.pdf , from any USDA office, by calling (866) 632 9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD 3027 form or letter must be submitted 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; or

2. **Fax:** (833) 256 1665 or (202) 690 7442; or

3. **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.