



Hawaii Child Nutrition Programs

Discrimination Complaint Form Instructions

(The complaint form begins on page 2)

PURPOSE: This form may be used if you believe you have been subjected to discrimination in the USDA nutrition programs 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, age, sex (including gender identity and sexual orientation), and disability. If you need assistance filling out the form, you may call the telephone number 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. You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint.

Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of 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 e-mail will be considered filed on the day the complaint is faxed or e-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;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY FOR NUTRITION PROGRAMS: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, age, sex (including gender identity and sexual orientation), and disability.

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.

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

This institution is an equal opportunity provider.



**Hawaii Child Nutrition Programs
Discrimination Complaint Form**

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number with area code: (____) _____

E-mail Address: _____

Best way to reach you, check (✓) one: Mail Phone E-mail Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes No

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

First Name: _____ Last Name: _____

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

Telephone: (____) _____ Email: _____

1. Who do you believe discriminated against you? Name(s) of person(s) or organizations you are filing a complaint against. (Use additional pages, if necessary) _____

Please check (✓) the program that pertains to your complaint (if known/if applicable):

- National School Lunch Program/School Breakfast Program
- Child and Adult Care Food Program
- Summer Food Service Program

2. What happened that made you feel you had been discriminated against? If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary and include supporting documents that would help show what happened.

3. When did the discrimination occur? Date: _____
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

Month Day Year

4. Where did the discrimination occur? Address of location where the incident occurred:

Number and Street or PO Box City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: RACE, COLOR, AGE, SEX (including gender identity and sexual orientation), NATIONAL ORIGIN, or DISABILITY.

Reprisal is prohibited based on prior civil rights activity. I believe I was discriminated against based on my:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sex (including gender identity and sexual orientation) | <input type="checkbox"/> National origin | <input type="checkbox"/> Disability |

This institution is an equal opportunity provider.

COMPLAINANT CONSENT/RELEASE FORM

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent/Release Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form/Release from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form.

Hawaii Child Nutrition Programs
650 Iwilei Road, Suite 270
Honolulu, Hawaii 96817
FAX: (808) 587-3606
E-mail: hcnp@k12.hi.us

Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

- (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: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____
Address: _____
Email: _____
Phone Number: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

This institution is an equal opportunity provider.

CONSENT/RELEASE

Initial on the line above if you give consent

CONSENT GRANTED – I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to received material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on the line above if you give consent

CONSENT DENIED – I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date

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-0508-0002-508-11-28-17Fax2Mail.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.

This institution is an equal opportunity provider.