

# Garrison ISD Child Nutrition Civil Rights Complaint Procedures

Garrison Independent School District provides Child Nutrition Program Benefits to all eligible individuals without discrimination on the bases of race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights complaints. Nondiscrimination posters are displayed where child nutrition services and benefits are delivered. Complaints may be received in writing, verbally or in person.

If you feel in any way that your child(children) has been discriminated against while participating in the Child Nutrition Program please follow the procedures below in voicing your *complaint*.

1. Child Nutrition Complaint Forms may be picked up in the Child Nutrition Directors office or downloaded at <http://www.squaremeals.org>.
2. All complaints will be accepted and forwarded to the Food & Nutrition Division, Texas Department of Agriculture.
3. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (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](mailto:program.intake@usda.gov).

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, religious creed, disability, age, political beliefs, 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](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
FOOD & NUTRITION (F&N) COMPLAINT FORM**

The F&N Complaint form is provided for persons wishing to file a complaint with Food and Nutrition (F&N) at the Texas Department of Agriculture. This form may be downloaded at <http://www.squaremeals.org>.

For assistance with the complaint process, please call 1-877-TEX-MEAL (877-839-6325).

---

**SECTION A (To File A Complaint)**

**1. CONTACT INFORMATION (of Person Filing Complaint)**

- Check if Anonymous – Check if Anonymous and skip to Number 2.
- First Name – Enter first name
- Last Name – Enter last name
- Mailing Address – Enter street or mailing address
- City State Zip Code – Enter city, state and zip code
- Telephone Number – Enter best telephone number
- Email Address – Enter best email address

**2. ATTACHMENTS**

**3. COMPLAINT ABOUT AN INDIVIDUAL OR CONTRACTING ENTITY**

- Name and address of contracting entity (CE) delivering service or benefit (if applicable) – Enter the name and address of the CE.
  - CE ID (if applicable) – If known - enter the contracting entity identification number assigned by TX-UNPS.
  - If the complaint is against an individual, enter the name and contact information – If the complaint is about a TDA employee, enter the name, if known.
  - Relationship to CE or individual – Enter the type of relationship you have with the contracting entity or individual (e.g., customer, employee or co-worker).
  - Describe complaint in detail – Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Attach additional sheets of paper if more space is needed.
-

## **SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)**

### **1. CONTACT INFORMATION**

- First Name – Enter first name
  - Last Name – Enter last name
  - Mailing Address – Enter street or mailing address
  - City State Zip Code – Enter city, state and zip code
  - Telephone Number – Enter best telephone number
  - Email Address – Enter best email address
- 

## **SECTION C**

### **1. SIGNATURE**

- Signature – Unless anonymous, sign the form. Enter the date submitted.
- 

## **SECTION D**

### **1. TDA INTERNAL USE ONLY**

- F&N Receiving Staff – F&N staff members who receive complaints verbally will enter their names and the date the complaint is received.
  - Referred To – F&N staff refer the F&N Formal Complaint form to the appropriate section Administrative Assistant. Enter the name of the section Administrative Assistant who will receive the complaint information.
- 

## **SUBMITTAL**

Submit written complaints and any documentation to TDA by mail, fax or by emailing a scanned copy.

If submitting a complaint via email, please submit the completed F&N Formal Complaint and documentation to the following email address:

Email: [squaremeals@texasagriculture.gov](mailto:squaremeals@texasagriculture.gov)

If submitting a complaint via mail or fax, please submit the completed F&N Formal Complaint and documentation to any one of the following F&N offices:

**F&N Headquarters**

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
PO Box 12847  
Austin, Texas 78711

FAX: 888-203-6593

**Region 1**

El Paso Community Operations Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
401 E. Franklin Suite 410  
El Paso, Texas 79901

FAX: 888-244-9816

Lubbock Satellite Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
West Texas Regional Office  
4502 Englewood Ave.  
Lubbock, Texas 79414

FAX: 888-244-9816

**Region 2**

Dallas/Ft. Worth Community Operations Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
1501 Circle Drive Suite 155  
Fort Worth, Texas 76119

FAX: 888-223-9037

**Region 3**

Houston Community Operations Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
Elias Ramirez State Office Building  
5425 Polk Street Suite G-40  
Houston, Texas 77023

FAX: 888-244-9764

Lufkin Satellite Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
3009 South John Redditt Drive No. 323  
Lufkin, Texas 75904-5669

FAX: 936-639-3125

**Region 4**

San Antonio Community Operations Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
8918 Tesoro Drive Suite 120  
San Antonio, Texas 78217

FAX: 888-244-9763

**Region 5**

San Juan Community Operations Office

Mailing Address:

Texas Department of Agriculture  
Food and Nutrition  
900-B East Expressway 83  
San Juan, Texas 78589

FAX: 888-250-4627

A letter of acknowledgement will be sent (unless the anonymous box is checked) within one TDA workday. In the event the acknowledgement has not been received within one week, please call 877-TEX-MEAL (877-839-6325) for assistance.



**Texas Department of Agriculture**  
**Food & Nutrition Complaint Form**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b>TO FILE A COMPLAINT, COMPLETE THE FOLLOWING:</b>		
	<b><sup>1</sup> CONTACT INFORMATION (PERSON FILING COMPLAINT)</b>		
	<input type="checkbox"/> <b>Check if Anonymous</b>		
	First Name	Middle Initial	Last Name
	Mailing Address	City, State, ZIP Code	
	E-mail	Phone (     )     -	Extension
	<b><sup>2</sup> ATTACHMENTS</b>		
	<b><sup>3</sup> COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL</b>		
	Name and Address of contracting entity (CE) delivering service or benefit (if applicable)	CE ID (if known)	
	If complaint is against an individual, enter the name and contact information		
Relationship to CE or individual			
Describe complaint in detail, including date and time incident occurred. Please attach any relevant documentation that supports the complaint or alleged violation. Use additional sheets if necessary.			

<b>SECTION B</b>	<b>TO LIST PERSONS WITH INFORMATION OR KNOWLEDGE ABOUT THE INCIDENT, COMPLETE THE FOLLOWING:</b>		
	<b><sup>1</sup> WITNESS INFORMATION</b>		
	First Name	Middle Initial	Last Name
	Mailing Address	City, State, ZIP Code	
E-mail	Phone (     )     -	Extension	

<b>SECTION C</b>	<b><sup>1</sup> COMPLAINANT SIGNATURE</b>	
	Signature of Complainant	Date (mm/dd/yy)

<b>SECTION D</b>	<b><sup>1</sup> TDA INTERNAL USE ONLY</b>	
	F&N Receiving Staff	Date (mm/dd/yy)
	Referred To	Date (mm/dd/yy)