CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINT FORM

Name: Street Address, City, State, Zip:			
		County:	Area Code/Phone:
		Email Address:	
Complaint Information: 1. Specific name and location of the entited in the entition of the entition of the entitle in the enti	ity and individual delivering the service or benefit:		
	alleged discrimination or give an example of the situation that has tential program participants, or current participants:		
	eel discrimination exists (race, color, national origin, sex, age, gion, gender identity, political party affiliation, actual/potential		
4. List the names, titles, and business ad discriminatory action:	dresses of persons who may have knowledge of the alleged		
5. List the date(s) during which the alleg of such actions:	ged discriminatory actions occurred, or if continuing, the duration		
6. Date complaint received:			
7. Person receiving complaint:			
8. Action(s) taken:			

USDA is the cognizant agency for the Child Nutrition Programs listed and therefore is the first contact for the six protected classes of race, color, national origin, sex, age, and disability for complaints received within 180 days. Civil rights complaints must be submitted to the USDA Office of Civil Rights within five calendar days of receipt and no later than 180 days of the discriminatory act. The link for submission of a complaint is: program.intake@usda.gov

In Iowa, protected classes also include sexual orientation, gender identity, religion or creed and complaints can be filed up to 300 days of occurrence. The address for Iowa complaints is: Iowa Civil Rights Commission, , <u>6200 Park Avenue</u>, <u>Suie 100</u>, <u>Des Moines</u>, <u>IA 50321-1270</u> Grimes State Office Building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: https://icrc.iowa.gov/.

This institution is an equal opportunity provider.