

DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the **Archdiocese of Chicago** regarding services your child receives through the National School Lunch, Breakfast or After-School Snack Programs. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used.

1. State your name and address:

Name: _____
Address: _____
Phone No.: Home () _____ Work () _____

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

Name: _____
Address: _____
Phone No.: Home () _____ Work () _____

3. *Agency and department or program that discriminated:

Name: _____
Any individual if known: _____
Address: _____
Phone No.: () _____

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

_____ Race/Color: _____	_____ Age: _____
_____ National Origin: _____	_____ Sex: _____
_____ Disability: _____	_____ Religion: _____

*Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

_____ Race/Color: _____	_____ Age: _____
_____ National Origin: _____	_____ Sex: _____
_____ Disability: _____	_____ Religion: _____

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

If we will not be 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: _____ Phone No.: () _____

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

Name: _____

Address: _____

Phone 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.

9. *Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

10. The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation. (Please use additional sheets if necessary.)

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: _____

Phone 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?

* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Signature

Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent 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 from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Agriculture
Food & Nutrition Service
Civil Rights Division
3101 Park Center Drive, Room 942
Alexandria, VA 22302
(703) 305-2195

14. How did you learn that you could file this complaint?

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

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 participate in action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

CONSENT/RELEASE

Initial on 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 the organization or institution. I hereby authorize FNS to receive 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 do
not 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

NOTICE OF INVESTIGATORY USES OF PERSONAL INFORMATION BY THE USDA, FOOD AND NUTRITION SERVICE

NOTICE OF COMPLAINANT/INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by the USDA, Food and Nutrition Service (FNS) or the Department of Justice (DOJ), have certain rights and protections. The information below briefly describes your rights and protections.

* An agency or institution may not force its employees to be represented by the agency's or institution's lawyer or representative and it may not intimidate, threaten, coerce, or discriminate against any employee who refuses to reveal to the agency or institution the content of the interview. An employee does, however, have the right to representation during an interview with FNS or DOJ. The representative may be the agency's or institution's lawyer, the employee's private lawyer, or anyone else who the person being interviewed authorizes to be present.

* The laws and regulations that govern Federal civil rights compliance and enforcement authority say that no agency or institution or other person shall intimidate, threaten, coerce, or discriminate against any individual because he or she has made a complaint, testified, helped, or participated in any manner in an investigation, proceeding, or hearing conducted under Federal jurisdiction, or has asserted rights protected by laws that the Federal government enforces.

* Information obtained from the complainant or other individual which is kept in Federal investigation files may be protected from being shown or given to others under the Privacy Act or under the Freedom of Information Act if giving out such information would be an unwarranted invasion of personal privacy.

There are two laws that cover personal information given to any Federal agency. These are The Privacy Act of 1974 (5 USC § 552a), and the Freedom of Information Act (5 USC § 552).

THE PRIVACY ACT

The Privacy Act protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and that can be located by the individual's name or social security number or other personal identification system. Persons who give information to the government should know that:

* Federal agencies must investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and in some cases, religion against agencies, institutions, or other organizations that receive Federal financial assistance. Federal agencies also conduct reviews of federally funded agencies, institutions, and other organizations to see if they obey civil rights laws.

* Information that Federal agencies collect is analyzed by authorized employees. This information may include personnel records or other personal information. Federal staff may need to reveal certain information to persons outside the Federal government when they are trying to get facts or proof to be able to determine if civil rights laws have been violated. The details could include the physical condition or age of a complainant. Federal agencies may be required to give certain information to anyone who requests it under the provisions of the Freedom of Information Act. (See below.)

* Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in the Department of Justice regulation at 28 C.F.R. Part 16 and in Food and Nutrition Service (FNS) regulations at 7 C.F.R., FNS will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act. (See below.)

* No law requires a complainant to give personal information to FNS, and no sanctions will be imposed on complainants or other individuals who deny FNS's request. However, if FNS fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

* The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of FNS to exercise authority to exempt systems of records only in compelling cases. FNS may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against an agency or institution that receives Federal financial assistance. Complaint files are exempt in order to aid negotiations between agencies or institutions that receive Federal financial assistance and FNS in resolving civil rights issues and to encourage such agencies and institutions to furnish information essential to the investigation.

* FNS does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against an agency or institution that violates the laws, or unless such information is required to be disclosed under the Freedom of Information Act or the Privacy Act. FNS will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under the Freedom of Information Act, the Privacy Act, or otherwise required by law. FNS may share information about your complaint with other Federal agencies that provide Federal financial assistance to the agency or organization that you allege discriminated. This is to assist in carrying out civil rights compliance activities.

THE FREEDOM OF INFORMATION ACT

The Freedom of Information Act gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of records of the government - not just materials that apply to them personally. FNS must honor requests under the Freedom of Information Act, with some exceptions. FNS generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an “unwarranted invasion of privacy” of an individual. Requests for other records, such as personal and medical files, may be denied where the disclosure would be a “clearly unwarranted invasion of privacy.”