

The Diocese of Covington
School Nutrition Program
Civil Rights Grievance Policy and Procedures

In accordance with FNS Instruction 113-1, the Diocese of Covington provides the following grievance procedure in the event a person believes they or others have been treated unfairly or discriminated against on the basis of race, color, national origin, sex, age, or disability in the school nutrition program.

REGULATION: 7 CFR 210.23(b) *Civil rights*. In the operation of the Program, no child shall be denied benefits or be otherwise discriminated against because of race, color, national origin, age, sex, or disability. State agencies and school food authorities shall comply with the requirements of: Title VI of the Civil Rights Act of 1964; title IX of the Education Amendments of 1972; section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; Department of Agriculture regulations on nondiscrimination (7 CFR parts 15, 15a, and 15b); and FNS Instruction 113-1.

GENERAL INSTRUCTIONS

When received at the school or District, all complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability shall be accepted and forwarded to the State Agency within 24 hours of acceptance unless conditions exist that preclude meeting that timeframe.

Procedures:

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action. All complaints within this timeframe will be accepted.

2. Acceptance

All complaints, written or verbal, shall be accepted. Anonymous complaints will be accepted in the same manner as non-anonymous complaints.

3. Complaint Information

A Civil Rights Complaint form will be used to collect all pertinent complaint information. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location or entity that is the subject of the complaint.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

4. Verbal Complaints

In the event a complainant makes the allegations verbally or if the allegations are made in person and the complainant refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant.

5. Forwarding Complaints to the State Agency

When a complaint form is received or completed on behalf of a complainant, the information will be forwarded to the State Agency within 24 hours or as soon as possible if extenuating circumstances apply.

6. Complaint Investigation

Only the Food and Nutrition Service (FNS), Civil Rights Division has the authority to determine if complaints of discrimination alleged to have occurred in a School Nutrition Program will be reviewed, and, if so, the manner in which it will be reviewed. Diocese of Covington will comply with any request for assistance or information from the FNS, Civil Rights Division, FNS Regional Office, or SCN in the course of their review and investigation into a complaint.

No efforts will be made by any administrator(s) or school staff to review, investigate, or resolve the complaint without the direction to do so from the FNS, Civil Rights Division, the FNS Regional Office, or SCN.

7. Complaint Log

All civil rights complaints will be tracked on the Civil Rights Complaint Log. The Log will be maintained for 3 years plus the current year from the date in which a complaint was resolved.

This Institution is an Equal Opportunity Provider

CIVIL RIGHTS COMPLAINT FORM

School Nutrition Program

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

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (if you have one): _____

Telephone Number (with area code): _____

Alternate Telephone Number (with area code): _____

Best Time of the Day to Reach You: _____

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 or others? Use additional pages, if necessary.

School Food Authority: _____

Name(s) of person(s) involved in the alleged discrimination (if known):

2. When did the discrimination occur, or if continuing, the duration that it has been occurring?

Date(s): _____

3. Please describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help to understand the situation.

[illegible]

Address of location where incident occurred:

Number and street, PO Box, or RD Number

City

State

Zip Code

5. It is a violation of the law to discriminate based on the following: race, color, national origin, age, sex, and disability. Reprisal is prohibited based on prior civil rights activity.

I believe I or others were discriminated against based on:

6. Remedies: How would you like to see this complaint resolved?

7. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

8. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

If yes, when did you file?

Month

Day

Year

Continue onto Signature Page

Signature: _____

Date: _____

Please feel free to add additional sheets to explain the present situation to us or if needed to fully answer any of the above questions.

Mail Completed Form To:

Lauren E. Moore
Director, Division of School and Community Nutrition
Office of Finance and Operations
Kentucky Department of Education
300 Sower Blvd.
Frankfort, Ky 40601

For internal use only:

Complaint received by: _____

Received on: _____

CIVIL RIGHTS COMPLAINT LOG

Date:	Verbal or Written Complaint:	Complainant Name:	Telephone Number(s) and/or Email address:	Date forwarded to SCN:	Summary of Complaint Resolution	Notes