PROGRAM DISCRIMINATION COMPLAINT FORM

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. You are not required to use this 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.

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. 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. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a ‘good cause’ explanation for the delay. For example, you may have ‘good cause’ 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: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

TO FILE A COMPLAINT ALLEGING DISCRIMINATION: Complete the form found online at http://www.loganschools.org, or contact the Utah State Board of Education, Child Nutrition Programs at (801) 538-7680.
First Name: ________________________ Middle Initial: ______ Last Name: ________________________

Mailing Address: ________________________________________________________________

City: __________________________ State: ______ Zip Code: __________________________

E-mail Address (if you have one): ________________________________________________

Telephone Number (starting with area code): ________________________________

Cell Phone Number (starting with area code): __________________________________

Best Time of the Day to Reach You: ____________________________________________

Best Way to Reach You (choose one):  [ ] Mail  [ ] E-mail  [ ] Phone  [ ] Cell

1. Who do you believe discriminated against you? Use additional pages if necessary. Name(s) of person(s) involved in the alleged discrimination (if known): ___________________________________________________________________________

2. Please name the program you applied for (if known/if applicable): ___________________________________________________________________________

3. What happened to you? Use additional pages if necessary, and include any supporting documents that would help show what happened. ___________________________________________________________________________

4. When did the discrimination occur?

Date: Month _________ Day ___________ Year _______  ADA Compliant 2/13/2019

If the discrimination occurred more than once, please provide the other dates:
5. Where did the discrimination occur? (Address and specific location of where incident occurred:)


6. It is a violation of the law to discriminate against you based on the following: race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

I believe I was discriminated against based on my: ________________________________


Signature: ___________________________ Date: ________________

Mail Completed Form To:
Child Nutrition Program
Logan City School District
101 W Center
Logan, Utah 84321

E-mail Address:
paul.guymon@loganschools.org

Telephone Numbers:  Fax Numbers:
Child Nutrition Program   Child Nutrition Program
Logan City School District Logan City School District
(435) 755-2300   Fax: (435) 755-2311

Utah State Board of Education   Utah State Board of Education
Child Nutrition Programs Child Nutrition Programs
(801) 538-7680   Fax: (801) 538-7883

Complaints alleging discrimination will be forwarded to Utah State Board of Education, Child Nutrition Programs for review.

This institution is an equal opportunity provider.