



## DEPARTMENT OF EDUCATION


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February 18, 2021

### MEMORANDUM

**TO:** Summer Food Service Program Sponsors

**FROM:** Aimee F. Beam, MS, RD, LDN   
Education Associate, Nutrition Programs

**SUBJECT:** **2021 Operational Memo #13**  
**Civil Rights Complaint Procedures and Template**

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The Delaware Department of Education (DDOE) has developed a resource for Civil Rights Complaint Procedures. Per FNS Instruction 113-1, local agencies are required to have a process in place to address nutrition program-related complaints of discrimination. The resource includes the minimum requirements for the policy, as well as a template procedure for use by Summer Food Service Program Sponsors.

The resource is attached for your review.

Please contact our office at (302) 857-3356 if you have any questions.

Attachments: DDOE SFSP Civil Rights Complaint Procedures Minimum Requirements.pdf  
DDOE SFSP Civil Rights Complaint Procedures Fillable Template.pdf

cc: Nutrition Team



## Child and Adult Care Food Program Civil Rights Complaint Procedure: Minimum Requirements

The following topic areas must be included in a Child and Adult Care Food Program (CACFP) Sponsor's civil rights complaint procedure and include, at minimum, the supporting information listed under each topic.

### Accepting a Complaint

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- Contact for whom civil rights complaints will be directed to at the Sponsor level
  - Include name, address, phone number, and email
- Language stating that complaints can be received verbally, in writing, or anonymously and within 180 days of the alleged discriminatory action

*Note: If a complaint form is used, ensure that the form is not a prerequisite for accepting a complaint*

### Transcribing a Complaint

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- Language stating that the complaint will be processed within 90 days
- Obtain the following information (verbally, in writing, or anonymously):
  - Name, address, and telephone number of the complainant
  - The nature of the incident or action that led the complainant to feel discrimination was a factor
  - The basis on which the complainant believes discrimination exists
  - The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action
  - The date(s) during which the alleged discriminatory action occurred

### Forwarding a Complaint

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Complaints must be forwarded to Aimee Beam, MS, RD, LDN, Education Associate, Nutrition Programs, within three (3) business days of receiving the complaint. Please email or send by US mail to the following address:

Delaware Department of Education  
Collette Education Resource Center  
ATTN: Aimee Beam, MS, RD, LDN  
35 Commerce Way, Suite 1  
Dover, DE 19904

[aimee.beam@doe.k12.de.us](mailto:aimee.beam@doe.k12.de.us)

### Resources

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- [USDA Civil Rights Homepage](#)
- [DDOE Civil Rights Resources](#)

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This resource was adapted from the Colorado Department of Education

Policy: United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in Child Nutrition Programs (CNP). The following is required at the Program Sponsor level.

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 civil rights complaints received by [Sponsor] related to the Child and Adult Food Care Program should be directed to [Sponsor Contact]. [Sponsor Contact] can be reached via phone at [xxx-xxx-xxxx] or by email at [email address]. Complaints can be submitted verbally, in writing, or anonymously.

[Sponsor] will obtain all necessary complaint information and process the complaint within 90 days. The complaint will be forwarded to the State Agency (Delaware Department of Education) within three (3) business days of receiving all necessary information.

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, disability, age, 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).

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Delaware Department of Education Child and Adult Care Food Program (CACFP)

Civil Rights Complaint Form (optional)

Name: \_\_\_\_\_

CACFP  
Sponsor  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What happened to you? Please include the date, location, and any supporting documentation that would help show what happened.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Who do you believe discriminated against you? List name(s).

\_\_\_\_\_  
\_\_\_\_\_

3. Name(s) of witness(es) to the alleged prohibited conduct if applicable:

\_\_\_\_\_  
\_\_\_\_\_

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. I believe I was discriminated against based on my:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How would you like to see this complaint resolved?

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Complete form and submit to [ Sponsor ] within 180 days of the alleged discriminatory action. Forms can be submitted via email to [ email address ] or through US mail to [ Sponsor address ].

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(2) mail: U.S. Department of Agriculture  
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