SUSAN CASTILLO
State Superintendent of Public Instruction

OREGON DEPARTMENT OF EDUCATION
Public Service Building, 255 Capitol Street NE, Salem, Oregon 97310
Phone (503) 947-5600 • Fax (503) 378-5156 • www.ode.state.or.us

CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. ***Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.***

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability."

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call, toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

Please complete the following information:

_____	_____	_____
Name of Complainant	*Name of School or Organization*	*Date*

_____	_____	_____	_____	_____
Address	*City*	*State*	*Zip*	*Phone Number*

Specific Complaint: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present.
(*Use additional paper if necessary.)*

(Over)

Is this complaint regarding discrimination or harassment? If so, please provide information that describes how you experienced discrimination. Specify one or more of the bases of discrimination you experienced, such as race, color, national origin, sex, age, or disability. If you experienced harassment, specify the type of harassment you experienced.
(Use additional paper if necessary.)

What solution do you request? *(Use additional paper if necessary.)*

If possible, please provide copies of all documentation, evidence, proof or other information that supports your complaint. Review this complaint form to make sure you have included all the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.

_____	_____	_____
Signature of Complainant	*Printed Name*	*Date*

I acknowledge receipt of the complaint. I will forward the complaint to the State of Oregon.

_____	_____	_____
Signature of Sponsor or Representative	*Printed Name*	*Date*

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and State of Oregon policy.

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Oregon Department of Education/Child Nutrition Programs

Internal use only: ***All complaints received on this form must be forwarded to the Civil Rights Specialist, ODE, within three (3) working days. Date forwarded:*** _____