



## Hawaii Child Nutrition Programs

### Discrimination Complaint Form Instructions

(The complaint form begins on page 2)

**PURPOSE:** This form may be used if you believe you have been subjected to discrimination in the USDA nutrition programs or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, age, sex (including gender identity and sexual orientation), and disability. If you need assistance filling out the form, you may call the telephone number listed at the bottom of the complaint form. You are not required to use the 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. You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint.

Incomplete information or an unsigned form will delay the processing of your complaint.

**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, unless the time for filing is extended by USDA. 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. Complaint documentation or Complaint Forms sent by fax or e-mail will be considered filed on the day the complaint is faxed or e-mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay.

For example, 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 FOR NUTRITION PROGRAMS:** Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, age, sex (including gender identity and sexual orientation), and disability.

**REPRISAL (RETALIATION) PROHIBITED:** No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.



### Hawaii Child Nutrition Programs Discrimination Complaint Form

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number with area code: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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? Name(s) of person(s) or organizations you are filing a complaint against. (Use additional pages, if necessary) \_\_\_\_\_

Please check (✓) the program that pertains to your complaint (if known/if applicable):

- National School Lunch Program/School Breakfast Program
- Child and Adult Care Food Program
- Summer Food Service Program

2. What happened that made you feel you had been discriminated against? If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary and include supporting documents that would help show what happened.

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

3. When did the discrimination occur? Date: \_\_\_\_\_  
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

\_\_\_\_\_  
Month Day Year

4. Where did the discrimination occur? Address of location where the incident occurred:

\_\_\_\_\_  
Number and Street or PO Box City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: RACE, COLOR, AGE, SEX (including gender identity and sexual orientation), NATIONAL ORIGIN, or DISABILITY.

Reprisal is prohibited based on prior civil rights activity. I believe I was discriminated against based on my:

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Race   | <input type="checkbox"/> Color           | <input type="checkbox"/> Age        |
| <input type="checkbox"/> Sex (including gender identity and sexual orientation) | <input type="checkbox"/> National origin | <input type="checkbox"/> Disability |

6. Does your complaint concern discrimination in employment by the department or agency in its treatment of you or others?  Yes  No
7. List names, titles and e-mail/phone number of persons who may have knowledge of the actions given in number 2 above.

Name	Title	E-mail/Phone Number

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

\_\_\_\_\_

\_\_\_\_\_

9. 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? \_\_\_\_\_

10. When did you file? Date: \_\_\_\_\_  
   Month          Day          Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All complaints, written or verbal, shall be accepted.

Mail, FAX, or E-mail completed form to:

Contact Hawaii Child Nutrition Programs at:

Hawaii Child Nutrition Programs  
 650 Iwilei Road, Suite 270  
 Honolulu, Hawaii 96817  
 FAX: (808) 587-3606  
 E-mail: [hcnp@k12.hi.us](mailto:hcnp@k12.hi.us)

OR

Phone: (808) 587-3600