

Big Spring School District Complaint Form

The purpose of this form is to assist you in filing a complaint with Big Spring School District. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (*) must be provided, whether or not the form is used.**

1 State your name and address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

2 ***Person(s) discriminated against, if different from above:**

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

3 *** Agency and department or program that discriminated:**

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: () _____

4 *** Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").**

_____ **Race/Color:** _____

_____ **National Origin:** _____

_____ **Sex:** _____

_____ **Age:** _____

_____ **Disability:** _____

*** Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").**

_____ **Race/Color:** _____

_____ **National Origin:** _____

_____ **Sex:** _____

_____ **Age:** _____

_____ **Disability:** _____

Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone No.: () _____

12 Do you have any other information that you think is relevant to our investigation of your allegations?

13 What remedy are you seeking for the alleged discrimination?

14 Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government (including U.S. Department of Agriculture)?

Yes _____ No _____

If so, do you remember the Complaint number?

Which agency and department or program was it filed with?

Address: (Include City, State, and Zip Code)

Telephone No.: () _____

Date of Filing: _____

Government Agency: _____

Briefly describe the nature of the complaint:

What was the result?

15 Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

___ U.S. Equal Employment Opportunity Commission

___ Federal or State Court

___ Your State or local Human Relations/Rights Commission

___ Grievance or complaint office

16 If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____

Date Filed: _____

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court:

Name of Investigator:

Status of Case:

Comments:

- 17 While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Food and Nutrition Service funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

*** We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.**

Signature

Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).