

## Complaint Acceptance Procedure Civil Rights

### Accepting a Complaint

- To place complaint, please contact Tiffany Cole, Child Nutrition Department at Manzanita Public Charter School, 991 Mountain View Blvd., Vandenberg Space Force Base, CA 93437. By phone at (805) 734-5600 ext. 350 or by email at [tiffany.cole@manzanitacharterschool.com](mailto:tiffany.cole@manzanitacharterschool.com)
- Complaints can be received verbally, in writing, or anonymously. If the complaint is verbal and the complainant is not inclined to put the allegation in writing, the person to whom the complaint was made must write up the complaint on behalf of the complainant. An anonymous complaint must be handled the same as any other complaint.
- A complaint form may be used but is not a prerequisite for accepting a complaint. If you choose to complete the **Civil Rights Complaint Form** (*optional*) it is attached to this page.

### Transcribing a Complaint

Make every effort to ensure the following information is documented:

- 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 actions occurred.

### Filing Deadline

Complainant has the right to file a complaint within 180 days of the alleged discrimination.

### Forwarding a Complaint

Complaints are forwarded to the following agencies:

- Child Nutrition Program, CDE  
California Department of Education  
1430 N Street  
Sacramento, CA 95814-5901
- USDA Office of Civil Rights, Western Region  
90 Seventh St., Suite 10-300  
San Francisco, CA 94103
- USDA Office of Civil Rights, Director  
U.S. Department of Agriculture  
Director, Center for Civil Rights Enforcement  
1400 Independence Avenue, SW  
Washington, DC 20250-9410

### Resources

- California Department of Education Civil Rights and Complaints web page (<https://www.cde.ca.gov/ls/nu/cr/>)
- USDA FNS Civil Rights web page (<http://www.fns.usda.gov/civil-rights>)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and Teletypewriter [TTY]) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> (PDF), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:  
833-256-1665 or 202-690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

## Civil Rights Complaint Form *(optional)*

<b>COMPLAINANT INFORMATION</b>
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Name: \_\_\_\_\_

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

(Include City, State and Zip Code)

Telephone Number: \_\_\_\_\_

<b>COMPLAINANT INFORMATION</b>
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1. The nature of the incident or action that led to the complainant to feel discrimination was a factor):

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2. The basis on which the complainant believes discrimination exists:

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3. The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action:

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4. The date(s) during which the alleged discriminatory actions occurred (mm/dd/yyyy):

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