

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
- 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 withing 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, the USDA its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027 (PDF), found online at [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410
Washington, D.C. 20250-9410; or
2. fax:
202-690-7442; or
3. email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Civil Rights Complaint Form *(optional)*

COMPLAINANT INFORMATION

Name: _____

Address: _____

(Include City, State and Zip Code)

Telephone Number: _____

COMPLAINANT INFORMATION

1. The nature of the incident or action that led to the complainant to feel discrimination was a factor):

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

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

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