

# KLONDIKE ISD

## TDA Complaint Form

To file a complaint, complete this form and submit it to STEVE McLAREN, SUPERINTENDENT, 2911 COUNTY RD H, LAMESA, TX 79331 or email [steve.mclaren@klondikeisd.net](mailto:steve.mclaren@klondikeisd.net), phone #806.462.7334, Ext 304. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

- Check if you'd like to remain anonymous      Check if this complaint was filed:  
 In writing    In person    By email    By Phone

### I. Contact Information for Person Submitting the Complaint

(Please record your name, address, telephone number, and additional contact information in the spaces below.)

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You

Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)

### II. Reason for the Complaint

(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.  
 N/A—This complaint is not against an individual.

C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation

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to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

Name	Title	Address/Contact Information

E. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*

N/A—This complaint is not based on discrimination.

*(Check the boxes that apply.)*

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sex        |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Age        |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |

**Signature of Complainant**

	Date:
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----This Space to Be Completed by Person Receiving the Complaint ----	
<b>Name of Person Receiving Complaint:</b>	<input type="checkbox"/> <b>Complaint was translated</b> <i>(Check this box if this complaint from was completed by a person other than the complainant)</i>
<b>Staff Person Assigned to Address Complaint:</b>	<b>Date Forwarded to the Texas Department of Agriculture:</b>

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and 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 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.ascr.usda.gov/sites/default/files/USDA-OASCR%20PComplaintForm-0508-0002-508-11-28-17Fax2Mail.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: mail:

U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or  
 fax:  
 (833) 256-1665 or (202) 690-7442;  
 email:

[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.