

# KLONDIKE INDEPENDENT SCHOOL DISTRICT

2911 CR H  
Lamesa, Texas 79331

Ph. 806-462-7334  
Fax 806-462-7333

## Program Year 2019 - 2020 Policy for Handling Complaints of Discrimination

The cafeteria will display the most current version of the "And Justice for All" nondiscrimination poster in a prominent location for public viewing.

### Procedures:

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint. Individuals may file a complaint in writing, verbally, in person, by email or by phone. Complaints may be filed directly to TDA, USDA or will be forwarded to TDA with assistance from the district. Complaint forms can be found in the Main Office, Cafeteria or downloaded from the school website: [klondike.esc17.net](http://klondike.esc17.net).

If assistance from the district is requested the staff will

1. Listen to any complaint or concern and provide the discrimination complaint form that either the complainant may complete or district staff will complete.
  2. The completed form will be forwarded to Steve McLaren, Superintendent.
- The Superintendent will forward the discrimination complaint form to the Food and Nutrition Division of the Texas Department of Agriculture at:  
Food and Nutrition Division  
Texas Department of Agriculture  
P.O. Box 12847  
Austin, Texas 78711
  - Texas Department of Agriculture will forward the information to US Department of Agriculture.

Complaints may also be filed directly to the Texas Department of Agriculture by mailing to the address above or to USDA by following instructions below.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider.

# 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.

# KLONDIKE ISD

## TDA Complaint Form

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 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.)*

<i>Name</i>	<i>Title</i>	<i>Address/Contact Information</i>
-------------	--------------	------------------------------------

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:
--	-------

-----This Space to Be Completed by Person Receiving the Complaint -----

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form, (AD-3027)* found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.