

# Laboratory Charter School

## Administrative Procedure

**Title :** Procedure for USDA Civil Rights Complaints

**Adopted :** November 2020

**Category :** Community Relations

**Revised :** August 2025

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

Electronic link to file a civil rights complaint:  
[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)

This institution is an equal opportunity provider.

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 <p style="text-align: center; font-size: small;">OMB Control Number 0508-0002</p> <p style="text-align: center;"><b>UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)</b> Office of the Assistant Secretary for Civil Rights <b>Program Discrimination Complaint Form</b></p> <p>First Name: _____ Middle Initial: _____ Last Name: _____ Mailing Address: _____ City: _____ State: _____ Zip code: _____ E-mail address (if you have one): _____ Telephone Number starting with area code: _____ Alternate Telephone Number starting with area code: _____ Best Time of the Day to Reach You _____ Best Way to Reach You, (check one): Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other: <input type="checkbox"/> Do you have a representative (lawyer or other advocate) for this complaint? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information about your representative: First Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ E-mail: _____</p> <p>1. Who do you believe discriminated against you? Use additional pages, if necessary. Name(s) of person(s) involved in the alleged discrimination (if known): _____ _____ _____ Please name the program you applied for (if known/if applicable): _____</p> <p style="text-align: center; font-size: x-small;">3</p>	<p style="font-size: x-small;">Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):</p> <p>Farm Service Agency <input type="checkbox"/> Food and Nutrition Service <input type="checkbox"/> Rural Development <input type="checkbox"/> Natural Resource Conservation Service <input type="checkbox"/> Forest Service <input type="checkbox"/> Other: _____</p> <p>2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened. _____ _____</p> <p>3. When did the discrimination occur? Date: _____ Month Day Year If the discrimination occurred more than once, please provide the other dates: _____ _____</p> <p>4. Where did the discrimination occur? Address of location where incident occurred: Number and street, PO Box, or RD Number _____ City State Zip Code _____</p> <p>5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Retaliation is prohibited based on prior civil rights activity. I believe I was discriminated against based on my _____</p> <p style="text-align: center; font-size: x-small;">4</p>	<p>6. Remedies: How would you like to see this complaint resolved? _____</p> <p>7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, with what agency or court did you file? _____ When did you file? _____ Month Day Year</p> <p>Signature: _____ Date: _____</p> <p><b>Mail Completed Form To:</b> USDA Office of the Assistant Secretary for Civil Rights 1400 Independence Ave, SW, Stop 9410 Washington, D.C. 20250-9410 E-mail address: <a href="mailto:program_intake@usda.gov">program_intake@usda.gov</a></p> <p><b>Telephone Numbers:</b> Local area: (202) 260-1026 Toll-free: (866) 632-9992 Local or Federal relay: (800) 877-8339 Spanish relay: (800) 845-6136 Fax: (202)690-7442</p>
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After providing the complainant with the information on how to file a Civil Rights complaint directly at the Federal level, WOLCS will attempt to resolve the complaint if it is a matter that can be resolved quickly.

If the complainant refuses to discuss the matter any further, or if the matter cannot be resolved quickly, then WOLCS will again notify the complainant of the complaint filing procedures, document the complaint and actions taken and. notify the State agency of the discussion.

If the complainant is willing to try to resolve the issue with WOLCS and a satisfactory resolution is achieved, then WOLCS will provide to complainant documentation of the grounds for the resolution of the complaint. WOLCS will also notify the complainant of his/her right, notwithstanding the resolution reached, to pursue a complaint at the Federal level.

Regardless of whether the complainant wishes to file at the Federal level, WOLCS will document as much information as possible in a Civil Rights complaint log including, but not limited to, the following:

<ul style="list-style-type: none"> <li>↪ Date Complaint Received</li> <li>↪ Complainant's Name</li> <li>↪ Complainant's Address</li> <li>↪ Complainant's Telephone Number</li> </ul>	<ul style="list-style-type: none"> <li>↪ Complainant's Email Address</li> <li>↪ Allegation of Discrimination/Issue (i.e. FNS program involved, protected class(es) involved, etc.)</li> <li>↪ Date of Alleged Discriminatory Action</li> </ul>
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Within 5 days of receipt of complaint from complainant WOLCS will forward information regarding the complaint to the State Agency Civil Rights Coordinator

WOLCS recognizes that confidentiality in these matters is extremely important, and shall maintain related documents, including a log of complaints in a secure file.

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<sup>i</sup>[http://www.usda.gov/wps/portal/usda/usdahome?navtype=RT&parentnavid=HOME&navid=NON\\_DISCRIMINATION](http://www.usda.gov/wps/portal/usda/usdahome?navtype=RT&parentnavid=HOME&navid=NON_DISCRIMINATION)

<sup>ii</sup> USDA complaint form:

English version: [http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)

Spanish version:

[http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf)