SCHOOL OF SCIENCE & TECHNOLOGY

Better Education, Better Future

POLICY OF PROCEDURE FOR DISCRIMINATION COMPLAINTS

FOR PARENTS/GUARDIANS OF STUDENTS, POTENTIAL PARTICIPANTS, AND PUBLIC

Parents/Guardians who have concerns or complaints alleging discrimination shall follow this procedure:

1. Parents/Guardians who wish to discuss the issue will be connected to the Hearing Official, Principal of the campus, of SST schools immediately.
2. Parents/Guardians have the option of filing a complaint verbally, in writing, in-person, or directly to TDA/USDA. If the Parent wishes to file directly to TDA/USDA, the Parent will follow the directions for the Discrimination Complaint Form (available at the Front Office in both English and Spanish).
3. If a complaint is received from a parent/guardian, the complaint will be forwarded to the TDA/USDA. The campus may initiate resolution of the complaint while waiting for a response from TDA.

INSTRUCTIONS FOR
FOOD & NUTRITION (F&N) COMPLAINT FORM

The F&N Complaint form is provided for persons wishing to file a complaint with Food and Nutrition (F&N) at the Texas Department of Agriculture. This link is available in English and Spanish at https://www.squaremeals.org/About/ContactFoodandNutrition.aspx

Select "**Form Used to file a complaint (Bilingual)**."
For assistance with the complaint process, or if you do not have access to an electronic device to submit your complaint, please call us at (833) 8627499 and someone will assist you.

SECTION A (To File A Complaint)
CONTACT INFORMATION (of Person Filing Complaint)

- Select Yes or No from the dropdown menu if Anonymous
- Select Complaint Type - Select complaint type from dropdown menu.
- Select a Complaint Sub Type from the dropdown menu if applicable
- Enter your First Name and Last Name
- Enter your Mailing Address – Enter Street Address
- Enter your City, State, Zip Code – Enter City, State, and Zip Code
- Enter your E-mail Address
- Enter best Telephone Number

COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- Name and address of Contracting Entity (CE) delivering service or benefit (if applicable) - Enter the name and address of the CE.
- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- If the complaint is against an individual, enter the name and contact information - If the complaint is about a TDA employee, enter his/her name, if known.
- Relationship to CE or individual - Enter the type of relationship you have with the Contracting Entity or individual (e.g., customer, employee or co-worker).
- Describe complaint in detail - Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Use a second page if more space is needed.

SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)
WITNESS INFORMATION

- Enter First Name and Last Name
- Enter Email Address and/or telephone number
- Mailing Address - Enter Street Address, City, State, Zip Code

Upload Supporting Documents in the box provided.
SUBMITTAL
When finished, Press Submit.

A letter of acknowledgment will be sent (unless the anonymous box is checked) within two TDA business days of complaint receipt by the Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862.7499 for assistance.

Texas Department of Agriculture
Departmento de Agricultura del Estado de Texas

Complaint Form for Food and Nutrition/Formulario para quejas del Comida y Nutricion

Contact Information/Informacion de Contacto

Person filing complaint/Persona sometiendo la queja

First and Last Name/Primer Nombre y Apellido

Enter your name OR enter Anonymous. Ponga su nombre o eliga Anonimo.

Your Email Address/Correo Electronico Suyo

Optional/Opcional

Your Address and Phone Number/Tu Domicilio

Optional/Opcional

Your City/Tu Ciudad

Optional/Opcional

Your State/Tu Estado

Optional/Opcional

Your Zip Code/Tu Codigo Postal

Optional/Opcional

Your Telephone Number/Tu Numero del Telefono

Optional/Opcional

Complaint about a Contacting Entity or Individual/Queja contra una Entidad Contratante o Individuo

CE ID Number/Numero de Entidad Contratante

CE Name/Nombre de la Entidad Contratante

Complaint against Individual/Queja-Individuo

CE ID Number/Numero de Entidad Contratante

Complaint against Individual/Queja - Individuo

Relationship to CE or Individual/Parantela con Entidad Contratante or Individuo

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Descirbe your complaint/Dexriba su queja

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Attach Supporting documentation/Suba Documentacion que Respalde su queja

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This institution is an equal opportunity provider.