



Nicole "Nikki" Fried  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

Sponsor MUST  
notify state agency  
immediately.

**NSLP CIVIL RIGHTS COMPLAINT OF DISCRIMINATION**

**Instructions:** Copy and paste the below information on your school's letterhead.

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint no later than 180 days from the date of the alleged discriminatory action. Complaints should be mailed to:

Florida Department of Agriculture and Consumer Services  
Food, Nutrition and Wellness  
407 S. Calhoun St., (H2)  
Tallahassee, Florida 32399

**Attn: Civil Rights Compliance Coordinator**

**Complainant** (Person or group that alleges discrimination)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

List other ways to contact you: \_\_\_\_\_

**Complaint Against** (Entity delivering program service or benefit)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Nature of incident(s) or action(s) that led the complainant to feel discrimination was a factor:** (You may write on the back of this form if you need more space.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s)** during which discriminatory action occurred: \_\_\_\_\_

If continuing, the duration of such action: \_\_\_\_\_

**Discrimination Exists Because Of:**

Race     Color     National Origin     Sex     Age     Disability

**Person(s) Who May Have Knowledge of the Discriminatory Action:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**Date Complaint Sent to USDA Regional Director:** \_\_\_\_\_

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: [How to File a 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  
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.