

**TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND
SUMMER FOOD SERVICE PROGRAM (SFSP)
CIVIL RIGHTS GRIEVANCE PROCEDURES**

REVISED JULY 31, 2014

In accordance with U.S. Department of Agriculture, Food and Nutrition Service Instruction 113.4, the Tennessee Department of Human Services provides a grievance procedure in the event a person believes he/she or their children have been discriminated against and/or denied benefits on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department (in the Child and Adult Care Food Program or Summer Food Service Program). *Not all prohibited bases will apply to all programs and/or employment activities.*

General Instructions

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department (in the Child and Adult Care Food Program or Summer Food Service Program) shall be processed within ninety (90) days of receipt in the manner prescribed in this document.

Procedure for Filing Complaints of Discrimination:

1. Right to File a Complaint:

Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptable:

All complaints, written or verbal, shall be accepted by the Tennessee Department of Human Services and forwarded to the U.S. Department of Agriculture. It is necessary that the information be sufficient to determine the identity of the CACFP or SFSP facility or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints:

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such

allegations in writing, the person to whom the allegations are made shall document in writing the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number or other means of contacting the complainant;
- b. The specific location and name of the facility administering the Child and Adult Care Food Program or Summer Food Service Program;
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor;
- d. The bases on which the complainant feels discrimination exists (i.e., basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department);
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory incident(s) or action(s); and
- f. The date(s) during the alleged discriminatory incident(s) or action(s) occurred, or if continuing, the duration of such discriminatory incident(s) or action(s).

For complaints other than discrimination complaints, please contact the director of the local facility operating the CACFP or SFSP, or submit the complaint in writing or by telephone to the following address and telephone number:

**Tennessee Department of Human Services
Child and Adult Care Services
400 Deaderick Street
Nashville, Tennessee 37243-1403
Telephone: (615) 313-4749**

**TENNESSEE DEPARTMENT OF HUMAN SERVICES
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND
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CIVIL RIGHTS GRIEVANCE REPORT PROCEDURES**

To report alleged discrimination in the Child and Adult Care Food Program or Summer Food Service Program based bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department, these are the guidelines listed. *Not all prohibited bases will apply to all programs and/or employment activities.* If you believe that you or your children have been discriminated against and/or denied benefits based on the above mentioned protected bases funded through the Department in the Child and Adult Care Food Program or Summer Food Services Program, please follow these procedures:

**If you wish to file a Civil Rights program complaint of discrimination, complete the USDA
Program Discrimination Complaint Form, found online at
http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992
to request the form.**

**You may also write a letter containing all of the information requested in the form.
Send your completed complaint form or letter to us by mail at**

**U.S. Department of Agriculture
Director of Office of Adjudication
1400 Independence Avenue, SW
Washington, D.C. 20250-9410**

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

Information may be returned by fax to (202) 690-7442 or email at program.intake@usda.gov.

Telephone Toll Free (866) 632-9992 (Voice)*

Please provide the following information so you may be contacted concerning your complaint:

Name _____ Date of Complaint: _____
Address _____ Telephone _____

Identify the Name of the CACFP or SFSP Facility, Date(s) of Incident(s) or Action(s), and Name(s) of Facility Personnel Involved with Incident(s) or Action(s):

Describe the Incident(s) or Action(s) which You Believe Were Discriminatory Against You or Your Children:

USDA is an equal opportunity provider and employer.