

Civil Rights Complaint Form

Child Nutrition Programs

The U.S. Department of Agriculture (USDA) and the State of Wyoming respond to concerns and complaints involving all USDA programs and activities. Anyone wishing to file a complaint may do so by writing a letter, submitting this form, or providing verbal notice to the sponsor, USDA, or Wyoming Department of Education (WDE) in person or by telephone.

To file a Child Nutrition Programs complaint of discrimination with the WDE, please send an e-mail to the Child Nutrition Programs State Director at wde-childnutrition@wyo.gov or write the Child Nutrition Programs State Director, WDE, 122 W. 25th St. Suite E200, Cheyenne, WY 82002 or call (307) 777-6263.

To file a complaint of discrimination with the USDA, complete the USDA Program Discrimination Complaint Form (https://www.ascr.usda.gov/sites/default/files/Complain_combined_6_8_12_508_0.pdf) or write a letter addressed to USDA and provide in the letter all of the information requested on the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 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: (833) 256-1665 or (202) 690-7442: or
- 3) E-mail: program.intake@usda.gov

When complaints are registered with the USDA or WDE, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation, and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward them to the WDE.

Please complete the following information:

Name of Complainant	Nan	Name of Center/Agency			 Date	
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Address	City	State	Zip	Phone		

Specific Complaint: Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom, and what witnesses were present. (Use Additional paper if necessary.)

Is this complaint regarding discrimination how you experienced discrimination. Spec as race, color, national origin, sex, age or dharassment you experienced. (Use addition	ify one or more of the ballisability. If you experien	ases of discrimination you experienced, such
What solutions do you request?		
If possible, please provide copies of all door your complaint. Review this complaint form By signing in the space below, I affirm the of my knowledge.	m to make sure all inforn	
Signature of Complainant	Printed Name	
I acknowledge receipt of the complaint. I Education.	will forward the compla	int to the Wyoming Department of
Signature of Sponsor or Representative	Printed Name	Date
Reprisal of retaliation against any person and WDE policy.	acting in good faith in a	complaint process is a violation of USDA
In accordance with federal civil rights law and policies, this institution is prohibited fr (including gender identity and sexual orien activity.	om discriminating on the	
•	n to obtain program infor the responsible state or lo	rmation (e.g., Braille, large print, audiotape, ocal agency that administers the program or
Internal use only: All complaints received on the within three (3) working days. Date forwarded		d to the WDE Nutrition Program Supervisor Revised 5-17-22