

**KENTUCKY DEPARTMENT OF EDUCATION**  
**Division of Nutrition and Health Services**  
**Civil Rights Grievance Report Procedures**

In accordance with FNS Instruction 113.6, Gateway Community Services Organization, Inc. provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability in the food service program provided by Gateway Community Services Organization, Inc.

**GENERAL INSTRUCTIONS**

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

**Procedure for Filing Complaints of Discrimination**

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability 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. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency 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 write up the elements of the complainant for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

# Civil Rights Grievance Report Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

---

---

---

---

---

---

---

---

What response did you receive from the sponsor representative during the alleged occurrence?

---

---

---

---

What results are you seeking from this communication?

---

---

---

---

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

## Civil Rights Grievance Report Form

**Information on person filing grievance:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Date Received by Sponsor** \_\_\_\_\_

**Director's Name** \_\_\_\_\_

**Date forwarded to KDE** \_\_\_\_\_

**RESOLUTION/COMMENTS:**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Date