

## SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP) COMPLAINT DOCUMENTATION REPORT

1. Sponsoring organization: \_\_\_\_\_
2. Name and address of meal site: \_\_\_\_\_
3. Name of Site Supervisor: \_\_\_\_\_
4. Name of Complainant(s): \_\_\_\_\_
5. Address and Telephone Number of Complainant(s): \_\_\_\_\_  
\_\_\_\_\_
6. Date of incident or complaint: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
7. Name of organization or person(s) the complaint will be filed against: \_\_\_\_\_
8. Type of complaint:     Meal Service to Children     Meal Site Location     Meal Quality  
 Discrimination (circle type(s)): Race    Color    National Origin    Sex    Gender Identity    Sexual Orientation    Age  
Disability  
 Other, describe briefly: \_\_\_\_\_
9. Describe in detail the incident or action that happened (provide attachment if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Name(s) and telephone number(s) for any other person(s) who was a witness to or was involved in the incident: \_\_\_\_\_  
\_\_\_\_\_

<b>Name of Person Completing Report:</b>		<b>Title of Person Completing Report:</b>
<b>Signature of Person Completing Report:</b>	<b>Date of Signature:</b>	<b>Printed Name of Person Completing Report:</b>
<b>Report Date:</b>	<b>Report was Submitted to:</b>	<b>Date report was submitted:</b>

All complaints, written or verbal, shall be accepted by the Sponsor and immediately forwarded to the State agency:  
**ECECD/ECEN/FNB/SFSP, 3401 Pan American Freeway NE, Albuquerque, NM 87107, (505) 841-4856 OR 1-800-328-2665.**

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, gender identity, sexual orientation, 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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.

## SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP) COMPLAINT DOCUMENTATION PROCEDURES

1. Record the Sponsoring Organization's name administering the SFSP.
2. Record the name and complete address of the meal site in which the incident or complaint occurred.
3. Record the Site Supervisor's name.
4. Record the name(s) of the Complainant(s).
5. Record the address and telephone numbers of the Complainant(s).
6. Record the actual date of the incident or complaint.
7. Record the name of the organization or the person(s) the complaint will be filed against.
8. Check off the type of complaint. If the complaint is based on discrimination, circle the applicable type of discrimination. If "other" is selected, describe in the space provided.
9. Describe in as much detail as possible, using the actual facts surrounding the incident or complaint. For example: how the incident occurred, what was said and who may have said it, whether or not it was resolved, did Complainant or any other person call the Sponsor, etc.
10. Indicate the name(s) and telephone numbers of any other person(s) that may have witnessed the incident or who were involved in the incident.
11. Record in the table provided, the name and title of the person who completed the complaint report. The person who completed the report must also provide a signature and date. In the spaces at the bottom of the table, include the date that the report was completed, the name of the person that it was submitted to and the date that it was submitted.