

Sample Complaint Form

To file a complaint, complete this form and submit it to {Enter Name or Position Title of Person Receiving Complaint and Contact information}. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

☐ Check if you'd like to remain anonymous

I. Contact Information for Person Submitting the Complaint

(Please record your name, address, telephone number, and additional contact information in the spaces below.)

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You

Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)

II. Reason for the Complaint

(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.

☐ N/A—This complaint is not against an individual.

C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

Name

Title

Address/Contact Information

E. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*

☐ N/A— This complaint is not based on discrimination.

(Check the boxes that apply.)

☐ Race

☐ Sex

☐ Color

☐ Age

☐ National Origin

☐ Disability

Signature of Complainant

Date:

—This Space to Be Completed by Person Receiving the Complaint —

Name of Person Receiving Complaint:

☐ Complaint was translated *(Check this box if this complaint from was completed by a person other than the complainant)*

Staff Person Assigned to Address Complaint:

Date Forwarded to the Texas Department of Agriculture:

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: 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. This institution is an equal opportunity provider.

**INSTRUCTIONS FOR
FOOD & NUTRITION
FOOD & NUTRITION (F&N) COMPLAINT FORM**

The F&N Complaint form is provided for persons wishing to file a complaint with Food and Nutrition (F&N) at the Texas Department of Agriculture. This form may be downloaded at <http://www.squaremeals.org>.

For assistance with the complaint process, please call 1-877-TEX-MEAL (877-839-6325).

SECTION A (To File A Complaint)

1. CONTACT INFORMATION (of Person Filing Complaint)

- Check if Anonymous – Check if Anonymous and skip to Number 2.
- First Name – Enter first name
- Last Name – Enter last name
- Mailing Address – Enter street or mailing address
- City State Zip Code – Enter city, state and zip code
- Telephone Number – Enter best telephone number
- Email Address – Enter best email address

2. ATTACHMENTS

3. COMPLAINT ABOUT AN INDIVIDUAL OR CONTRACTING ENTITY

- Name and address of contracting entity (CE) delivering service or benefit (if applicable) – Enter the name and address of the CE.
 - CE ID (if applicable) – If known - enter the contracting entity identification number assigned by TX-UNPS.
 - If the complaint is against an individual, enter the name and contact information – If the complaint is about a TDA employee, enter the name, if known.
 - Relationship to CE or individual – Enter the type of relationship you have with the contracting entity or individual (e.g., customer, employee or co-worker).
 - Describe complaint in detail – Provide relevant details including names, dates, times and specific allegations. Please include documentation to support any allegations. Attach additional sheets of paper if more space is needed.
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SECTION B (Witness Information - If there is a witness or someone else who has knowledge of the incident)

1. CONTACT INFORMATION

- First Name – Enter first name
 - Last Name – Enter last name
 - Mailing Address – Enter street or mailing address
 - City State Zip Code – Enter city, state and zip code
 - Telephone Number – Enter best telephone number
 - Email Address – Enter best email address
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SECTION C

1. SIGNATURE

- Signature – Unless anonymous, sign the form. Enter the date submitted.
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SECTION D

1. TDA INTERNAL USE ONLY

- F&N Receiving Staff – F&N staff members who receive complaints verbally will enter their names and the date the complaint is received.
 - Referred To – F&N staff refer the F&N Formal Complaint form to the appropriate section Administrative Assistant. Enter the name of the section Administrative Assistant who will receive the complaint information.
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SUBMITTAL

Submit written complaints and any documentation to TDA by mail, fax or by emailing a scanned copy.

If submitting a complaint via email, please submit the completed F&N Formal Complaint and documentation to the following email address:

Email: squaremeals@texasagriculture.gov

If submitting a complaint via mail or fax, please submit the completed F&N Formal Complaint and documentation to any one of the following F&N offices:

F&N Headquarters

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
PO Box 12847
Austin, Texas 78711

FAX: 888-203-6593

Region 1

El Paso Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
401 E. Franklin Suite 410
El Paso, Texas 79901

FAX: 888-244-9816

Lubbock Satellite Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
West Texas Regional Office
4502 Englewood Ave.
Lubbock, Texas 79414

FAX: 888-244-9816

Region 2

Dallas/Ft. Worth Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
1501 Circle Drive Suite 155
Fort Worth, Texas 76119

FAX: 888-223-9037

Region 3

Houston Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
Elias Ramirez State Office Building
5425 Polk Street Suite G-40
Houston, Texas 77023

FAX: 888-244-9764

Lufkin Satellite Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
3009 South John Redditt Drive No. 323
Lufkin, Texas 75904-5669

FAX: 936-639-3125

Region 4

San Antonio Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
8918 Tesoro Drive Suite 120
San Antonio, Texas 78217

FAX: 888-244-9763

Region 5

San Juan Community Operations Office

Mailing Address:

Texas Department of Agriculture
Food and Nutrition
900-B East Expressway 83
San Juan, Texas 78589

FAX: 888-250-4627

A letter of acknowledgement will be sent (unless the anonymous box is checked) within one TDA workday. In the event the acknowledgement has not been received within one week, please call 877-TEX-MEAL (877-839-6325) for assistance.