TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND
SUMMER FOOD SERVICE PROGRAM (SFSP)
CIVIL RIGHTS GRIEVANCE PROCEDURES
REVISED APRIL 14, 2008

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, gender, age or disability in the Child and Adult Care Food Program or Summer Food Service Program.

General Instructions

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, gender, age or disability 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, gender, 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. 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 basis on which the complainant feels discrimination exists (i.e., race, color, national origin, gender, age, or disability);

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
SUMMER FOOD SERVICE PROGRAM (SFSP)
CIVIL RIGHTS GRIEVANCE REPORT FORM

This form may be used to report alleged discrimination in the Child and Adult Care Food Program or Summer Food Service Program based on race, color, national origin, gender, age or disability. If you believe that you or your children have been discriminated against and/or denied benefits on the basis of race, color, national origin, gender, age or disability in the Child and Adult Care Food Program or Summer Food Services Program, please complete this form and deliver or mail it to one or both of the following addresses:

U.S. Department of Agriculture
Director of Office of Civil Rights
Whitten Building, Room 326-W
1400 Independence Avenue, SW
Washington, DC 20250-9410
Telephone: (202) 720-5964 (Voice and TDD)

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

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):

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_____

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

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