

Conroe ISD Civil Rights Discrimination Complaint Procedures

All complaints alleging discrimination based on race, color, national origin, sex, age, or disability in verbal statements, written statements, or stated in person must be accepted by Child Nutrition personnel and must be forwarded to the Texas Department of Agriculture.

If any person requests to file a civil rights/ discrimination complaint against the Child Nutrition Department, the following steps must be taken:

- Direct the person to the Food and Nutrition complaint link <https://squaremeals.org/About/ContactFoodandNutrition.aspx>. The instructions to complete the form in English and Spanish are located on the site.
- If the person needs assistance with the complaint process or if they do not have access to an electronic device to submit the complaint, the person can call Food and Nutrition (833) 862-7499 and someone will assist them.
- Additionally, a Child Nutrition employee can take the complaint verbally or in person using the printed form located in the folder on the manager's office door. The Child Nutrition employee must include the name of the employee taking the complaint. The Child Nutrition employee will forward the complaint documentation via email to the Child Nutrition Director the same day it is received.
- The Child Nutrition Director will forward the complaint documentation to Food and Nutrition, Texas Department of Agriculture the same day it is received.

INSTRUCTIONS FOR Food & Nutrition Complaint Form

The Food & Nutrition (F&N) Complaint Link is provided for a person wishing to file a complaint with F&N at the Texas Department of Agriculture. This Link is available in English and Spanish at <https://squaremeals.org/About/ContactFoodandNutrition.aspx>

For assistance with the complaint process, or if you do not have access to an electronic device to submit your complaint, please call us at (833) 862-7499 and someone will assist you.

CONTACT INFORMATION (of Person Filing Complaint)

- Enter your First Name and Last Name OR you may select Anonymous.
- Enter your E-mail Address (Optional)
- Enter your Mailing Address and Phone Number (Optional)

COMPLAINT ABOUT A CONTRACTING ENTITY OR INDIVIDUAL

- CE ID (if applicable) - If known, enter the Contracting Entity identification number assigned by TX-UNPS.
- CE Name – Enter the name of the contracting entity.
- 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.

Upload Supporting Documents in the box provided.

SUBMIT

When finished, Press Submit.

A letter of acknowledgment will be sent within two TDA business days of complaint receipt by the Compliance Collaboration Administrative Assistant. In the event the letter of acknowledgment has not been received within one week, please call (833) 862-7499 for assistance.

INSTRUCCIONES para llenar formulario de Queja de Comida y Nutricion.

El formulario de Quejas de Food and Nutrition Division (F&N) es proporcionado para aquellos individuos que deseen presentar una queja de F&N con el Departamento de Agricultura del Estado de Texas. Este enlace se puede descargar en <https://squaremeals.org/About/ContactFoodandNutrition.aspx>

Para obtener ayuda con el proceso de quejas o si no tiene acceso a un dispositivo electronico para presentar su queja, llame al (833) 862-7499 y alguien lo asistira.

INFORMACIÓN DE CONTACTO (del individuo que presenta la queja)

- Ingrese su Nombre y Apellido O puede seleccionar Anonimo
- Ingrese su Correo Electronico (Opcional)
- Ingrese su domicilio y Número Telefónico (Opcional)
- Número de identificación del CE (si aplica) – Si lo sabe, ingrese el número de identificación de la Entidad Contratante asignado por TX-UNPS.

QUEJA SOBRE UNA ENTIDAD CONTRATANTE O INDIVIDUO

- Nombre de la Entidad Contratante (CE por sus siglas en inglés)
- Relación con la CE o el individuo – Ingrese el tipo de relación que tiene con la Entidad Contratante o con el individuo (por ejemplo: cliente, empleado o compañero de trabajo).
- Describa la queja en detalle – Proporcione detalles relevantes, incluyendo nombres, fechas, horas y alegaciones específicas. Incluya toda la documentación pertinente que respalde la denuncia.

Suba Documentacion que respalde su denuncia en la seccion proveida.

SUBMIT

Al terminar, presione SUBMIT.

Se le enviará una carta para confirmar recibo de su queja dentro de dos (2) dias por parte del Asistente Administrativo de Compliance Collaboration. En caso de que no reciba la carta de confirmación en el plazo de una semana, llame al (833) 862-7499 para solicitar asistencia.

Texas Department of Agriculture/Departamento de Agricultura del Estado de Texas

Complaint Form for Food and Nutrition/Formulario para quejas del Comida y
Nutricion

Contact Information/Informacion de Contacto

Person filing complaint/Persona sometiendo la queja

First and Last Name/Primer Nombre y Apellido

Enter your name OR select Anonymous. Ponga su nombre o eliga Anonimo.

Select or enter value

Your Email Address/Correo Electronico Suyo

(Optional)/(Opcional)

Your Address and Phone Number/Tu Domicilio y Tel.

(Optional)/(Opcional)

Complaint about a Contracting Entity or Individual/ Queja contra
una Entidad Contratante o Individuo

CE ID Number/Numero de Entidad Contratante

CE Name/Nombre de la Entidad Contratante

Complaint against Individual/ Queja - Individuo

Relationship to CE or Individual

Parentela con Entidad Contratante o Individuo

Describe your complaint/Describe su queja *

Upload supporting documentation

Suba Documentacion que Respalde su queja

Drag and drop files here or browse files

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Send me a copy of my responses

Submit

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