



WELLNESS AND FOOD SERVICES		
2500.07 Food Service Civil Rights Complaint Procedure	Effective	12/06/2019
	Replaces	N/A
	Dated	12/06/2019

ADJC shall not discriminate in the administration of Child Nutrition Programs on the basis of race, color, national origin, sex, age, or disability. Any person has the right to file a discrimination complaint.

**AUTHORITY**

<b>Arizona Revised Statutes (A.R.S.)</b>	
41-2804	Duties and Powers of the Director
<b>National Commission on Correctional Health Care (NCCHC)</b>	
Y-F-02	Nutrition and Medical Diets
<b>United States Code (U.S.C.)</b>	
42 U.S.C. § 20000(d)	Civil Rights Act of 1964

**PROCEDURES**

1. **ADJC** shall not discriminate in the administration of Child Nutrition Programs (National School Lunch Program or School Breakfast Program) on the basis of race, color, national origin, sex, age, or disability. Any person has the right to file a discrimination complaint.
2. **ANY ADJC EMPLOYEE** who receives a written or verbal complaint, including a juvenile grievance, alleging discrimination in the operation of ADJC Food Service on the basis of race, color, national origin, sex, age, or disability shall direct the complainant to:
  - a. The Food Service Manager; or
  - b. The Juvenile Ombuds (JO).
3. **THE FOOD SERVICE MANAGER OR JUVENILE OMBUDS (JO)**, upon receipt of a complaint, shall provide the complainant a copy of ADJC's non-discrimination statement and the Form 4200.07A Food Service Civil Rights Discrimination Complaint and explain that the complainant may complete it and that the complaint must be filed within 180 days of the alleged act of discrimination:
  - a. The **JO** shall assist any juvenile who wishes to complete the form and requests assistance.
4. Upon receipt of a verbal complaint, or if the complainant declines to complete Form 2500.07A Food Service Civil Rights Complaint, **ANY ADJC EMPLOYEE** to whom the complaint was made shall:

- a. Complete the Form 4200.07A Food Service Civil Rights Discrimination Complaint accurately describing the alleged discrimination, as related by the complainant;
  - b. Provide the original completed form to the complainant;
  - c. Provide copies of the completed form to:
    - i. The Food Services Manager;
    - ii. The Support Services Chief Administrator or designee;
    - iii. The Secure Care Bureau Administrator (SCBA);
    - iv. The JO.
  - d. The **FOOD SERVICE MANAGER** shall submit the completed form to one of the agencies listed in #6 of this procedure, below.
5. Upon receipt of a written complaint, the **STAFF TO WHOM THE COMPLAINT IS SUBMITTED** shall provide copies of the completed form to:
- a. The Food Service Manager;
  - b. The Support Services Chief Administrator or designee;
  - c. The SCBA; and
  - d. The JO.
6. **THE JUVENILE OMBUDS** shall inform the complainant that the complaint can be sent to either of the following addresses or, if the complainant prefers, the complainant may make the complaint telephonically by contacting:
- a. Arizona Department of Education Civil Rights Coordinator  
1535 W. Jefferson Street  
Phoenix, AZ. 85007  
(602)-542-5393; or  
  
The United States Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
(866) 632-9992.
7. **THE JUVENILE OMBUDS (JO)** shall ensure that the complaint is mailed to the agency selected by the complainant, or if the complainant is a juvenile who wishes to make a complaint telephonically, shall facilitate the youth's telephone call to the agency the complainant selects within 2 business days. The complainant shall be permitted to make the call without interference by any ADJC staff (this call does not count as the juvenile's weekly phone call):
- a. The **JO** shall inform the complainant that a complaint must be filed within 180 days of the alleged act of discrimination.
8. The **SUPPORT SERVICES CHIEF ADMINISTRATOR** shall maintain Form 2500.07B Civil Rights Complaint Log, and shall enter each complaint received, whether written or verbal, along with a copy of each complaint received.
9. Any person who wishes to file a food discrimination complaint shall not be required to file a grievance or use any other complaint mechanism internal to ADJC as a prerequisite to filing a complaint with the Arizona Department of Education or the United States Department of Agriculture.

10. **ADJC EMPLOYEES** shall not retaliate in any manner against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

**Signature Date**

12/04/2019

**Approved by**

**Original Signature on File**

Walt Pesterfield, Secure Care Bureau  
Administrator

**Signature Date**

12/04/2019

**Approved by**

**Original Signature on File**

Jeff Hood, Director

**Effective Date**

12/06/2019



## Arizona Department Of Juvenile Corrections Food Service Civil Rights Complaint

First Name:	Middle Initial:	Last Name:
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Mailing Address:
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City:	State:	Zip Code:
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E-mail address (If you have one):
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Telephone Number starting with area code: (       )       -
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Alternate Telephone Number starting with area code: (       )       -
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Best Time of the Day to Reach You:
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Best Way To Reach You (check one):	Mail <input type="checkbox"/>	Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>	Other <input type="checkbox"/>
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Do you have a representative (lawyer or other advocate) for this complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>If yes, please provide the following information about your representative:</b>
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First Name:	Last Name:
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Address:	City:	State:	Zip Code:
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Telephone:	E-mail:
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Who do you believe discriminated against you? Use additional pages, if necessary.
Name(s) of person(s) involved in the alleged discrimination (if known):

What happened to you? Use additional pages, if necessary. You may include any supporting documents that would help show what happened.
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When did the discrimination occur? Date:   Month                      Day                      Year

If the discrimination occurred more than once, please provide the other dates:


Where did the discrimination occur?  
Address of location where incident occurred:

**Adobe Mountain School  
2800 W. Pinnacle Peak Rd.  
Phoenix, AZ 85027**

It is a violation of the law to discriminate against you based on the following: race, color, national origin, sex, disability or age. Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my:

Check all that apply

Race    Color    National Origin    Sex    Disability    Age

Remedies: How would you like to see this complaint resolved?


Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? Yes:  No:

If yes, with agency or court did you file?

When did you file?   Month                      Day                      Year

Signature:	Date:
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<b>Mail Completed Form To:</b>	<b>Telephone Numbers:</b>
USDA	Local area: (202) 260-1026
Office of the Assistant Secretary for Civil Rights	Toll-free: (866) 632-9992
1400 Independence Ave. SW, Stop 9410	Local or Federal relay: (800) 877-8339
Washington, D.C. 20250-9410	Spanish relay: (800) 845-6136
	Fax: (202) 690-7442

E-mail address: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>	<b>Telephone Number:</b>
Or	(602) 542-5393
Arizona Department of Education	
Civil Rights Coordinator	
1535 W. Jefferson Street	
Phoenix, AZ 85007	

**This complaint must be filed within 180 days of the act of discrimination.**