

## **TDA Food & Nutrition Complaint Form**

Victoria County Juvenile Justice Center

97 Foster Field Dr.

Victoria TX 77904

Phone: 361-575-0399

Fax: 361-575-6254

CE ID – 01248

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or*

**2. Fax: (202) 690-7442;** or

### **3. Email:**

**[program.intake@usda.gov](mailto:program.intake@usda.gov)**.

This institution is an equal opportunity provider.

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Name: \_\_\_\_\_ Grievance #: \_\_\_\_\_

Date of alleged discrimination: \_\_\_\_\_

### Complaint Type

☐ Meal Pattern – Quality/Quantity

☐ Meal Prep – Health/Sanitation

☐ Participation – Denied Meal Service

### Civil Rights

☐ Race

☐ Color

☐ National Origin

☐ Age

☐ Religion

☐ Disability

☐ Sex

☐ Other: \_\_\_\_\_

I believe I was discriminated against based on: \_\_\_\_\_

If the complaint is against an individual:

Name: \_\_\_\_\_ Relationship: ☐ Peer ☐ Staff

Person with information or knowledge about the incident:

Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach resident grievance form.

Fax to: 1(202) 690-7442

Faxed date: \_\_\_\_\_

Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

If this grievance is not related to the child nutrition program, the facility grievance procedures will be followed.

3/05/25