



**Houston Gateway Academy, Inc.**  
**7310 Bowie St.**  
**Houston, TX 77012**  
**832-649-2700**

**Food and Nutrition Service Discrimination Complaint Form**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Mail Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address \_\_\_\_\_

Do you have a representative (lawyer or other advocate) for this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information about your representative:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Who do you believe discriminated against you: Use additional pages, if necessary?

Name(s) of person(s) involved in the alleged discrimination (if know):

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2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would show what happened.

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3. When did the discrimination occur?

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

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4. Where did the discrimination occur?

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5. It is of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political belief. Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against by based on my:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. 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 what agency or court did you file? \_\_\_\_\_

When did you file: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

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

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, audiotope, 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](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

mail: Texas Department of Agriculture

Office of the Assistant Secretary for Civil Rights

P.O. Box 12847

1400 Independence Avenue, SW

Austin, Texas 78711-2847

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

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

This institution is an equal opportunity provider.