

**TENNESSEE DEPARTMENT OF HUMAN SERVICES (TDHS)  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AND  
SUMMER FOOD SERVICE PROGRAM (SFSP)  
CIVIL RIGHTS GRIEVANCE PROCEDURES  
REVISED FEBRUARY 10, 2011**

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, sex, 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 Adjudication  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
Telephone Toll Free (866) 632-9992 (Voice)\***

\*(Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).

**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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*DISPLAY or Keep on File*