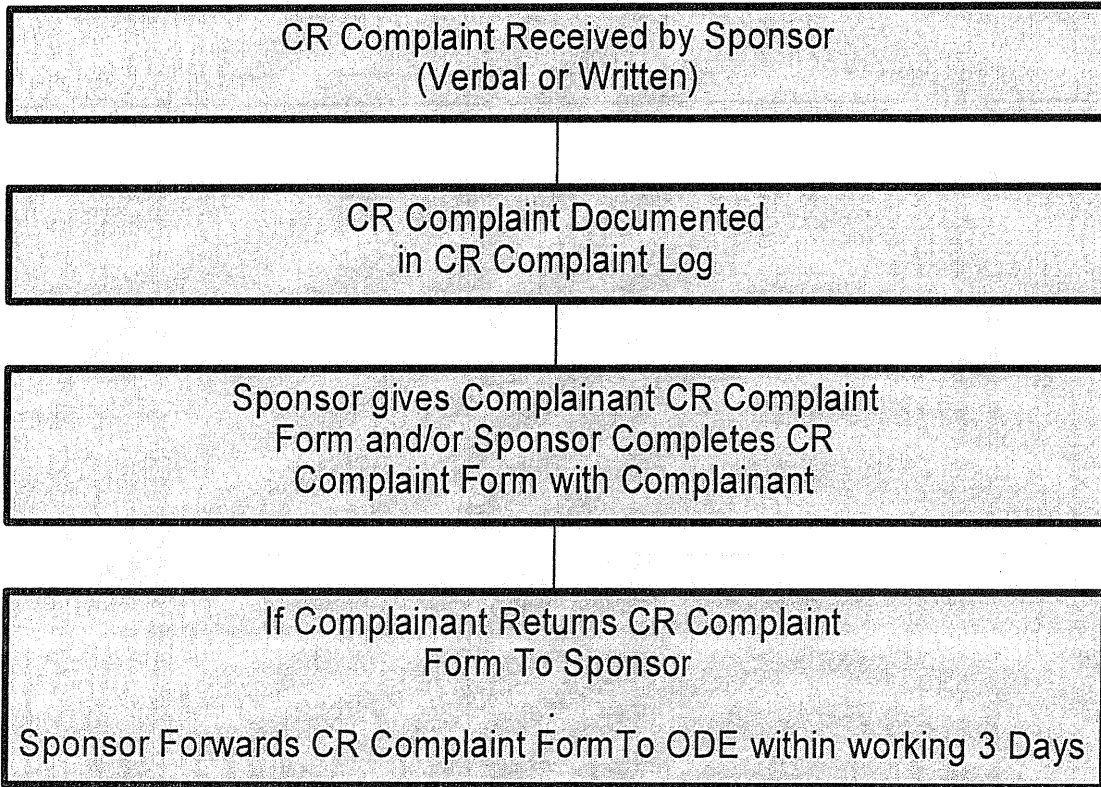


Oregon Department of Education  
Public Service Building  
255 Capitol Street NE  
Salem, OR 97310

Office of Finance & Administration  
Child Nutrition Programs  
(503) 378-3600 Ext. 2610

## Civil Rights Complaint Procedure



Send Civil Rights Complaints to:

Civil Rights Specialist  
Oregon Department of Education (ODE)  
255 Capitol Street NE  
Salem, OR 97310-0203



OREGON DEPARTMENT OF EDUCATION  
Public Service Building, 255 Capitol Street NE, Salem, Oregon 97310  
Phone (503) 378-3569 • Fax (503) 378-5156 • www.ode.state.or.us

## CIVIL RIGHTS COMPLAINT FORM

The U. S. Department of Agriculture (USDA) and the State of Oregon respond to concerns and complaints involving all USDA programs and activities. **Anyone wishing to file a complaint may do so by writing a letter, submitting this form or providing verbal notice to the sponsor, USDA or State of Oregon in person or by telephone.**

To file a complaint of discrimination or harassment with the State of Oregon, write Civil Rights Specialist, Oregon Department of Education (ODE), 255 Capitol Street NE, Salem, OR 97310-0203 or call (503) 378-3600, Extension 2708 (voice) or (503) 378-2892 (TDD)

To file a complaint of discrimination with the USDA, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD) or (888) 271-5983, Extension 516 (toll-free).

When complaints are registered with the USDA or State of Oregon, the appropriate agency will investigate the incident to see if there has been a misunderstanding or if some corrective action should be taken. Resolution may include education, mediation and/or other problem-solving opportunities. When complaints are returned to the sponsor, the sponsor will forward the complaint to the State of Oregon.

Please complete the following information:

_____	_____	_____		
<i>Name of Complainant</i>	<i>Name of School or Organization</i>	<i>Date</i>		
_____	_____	_____		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>

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**Specific Complaint:** Describe in detail the issues, decisions, actions, and/or events related to this complaint. Include what happened, when, where, to whom and what witnesses were present.  
(Use additional paper if necessary.)

(Over)



OREGON DEPARTMENT OF EDUCATION  
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## FORMULARIO PARA PRESENTAR UNA QUEJA RELACIONADA CON LOS DERECHOS CIVILES

El Departamento de Agricultura de los Estados Unidos (USDA) y el Estado de Oregon responden a las preocupaciones y quejas relacionadas con los programas y actividades de USDA. **Cualquier persona que desee presentar una queja lo puede hacer escribiendo una carta, llenando este formulario, o notificando verbalmente al patrocinador, a USDA, o al Estado de Oregon, en persona o por teléfono.**

Para presentar una queja de discriminación o de acoso con el Estado de Oregon, escriba a: Civil Rights Specialist, Oregon Department of Education (ODE), 255 Capitol Street NE, Salem, OR 97310-0203 o llame al (503) 378-3600, Extensión 2708 (voz) o al (503) 378-2892 (TDD)

Para presentar una queja de discriminación o de acoso con USDA, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 o llame al (202) 720-5964 (voz o TDD) o al (888) 271-5983, Extensión 516 (llamada gratuita).

Cuando las quejas se registran con USDA o con el Estado de Oregon, la agencia apropiada investigará el incidente para determinar si ha existido un malentendido o si se debe tomar una acción correctiva. La resolución puede incluir educación, mediación y/u otras oportunidades para la resolución de problemas. Cuando las quejas son enviadas al patrocinador, el patrocinador remitirá la queja al Estado de Oregon.

Por favor llene la siguiente información:

_____ <i>Nombre del demandante</i>	_____ <i>Nombre de la escuela u organización</i>	_____ <i>Fecha</i>		
_____ <i>Dirección</i>	_____ <i>Ciudad</i>	_____ <i>Estado</i>	_____ <i>Código postal</i>	_____ <i>Número de teléfono</i>

**Queja específica:** Describa en detalle los problemas, decisiones, acciones y/o eventos relacionados con esta queja. Incluya lo que ha sucedido, cuándo, dónde, a quién y que testigos estaban presentes. (Si es necesario, use más papel.)

(Atrás)

Oregon Department of Education  
Public Service Building  
255 Capitol Street NE  
Salem, OR 97310

Office of Finance & Administration  
Child Nutrition Programs  
Phone (503) 947-5900  
Attn: Craig White FAX (503) 378-5156

### CNP2000/CNPweb User Authorization

**Instructions: Complete and return to ODE-Child Nutrition Programs. Retain copy for Files.**

I understand that the use of the user name and password to access the Oregon Department of Education – Child Nutrition CNP2000/CNPweb web site is equivalent to an original signature for purposes of official documentation.

By using the user name and password, I certify that the information transmitted is complete and accurate.

To maintain the integrity of the user name and password, they are individually assigned and are intended not to be shared. If another user accesses the system under my user name and password and provides false information, I understand that I will be responsible for the content of the information transmitted to Oregon Department of Education.

If I believe that my user name and password have been compromised, I will notify the Oregon Department of Education – Child Nutrition Program immediately and be assigned a new user name and password.

If access to the CNP2000/CNPweb Website is no longer needed, I understand that it is my responsibility to terminate access.

\_\_\_\_\_  
User Signature Printed Signature Date

Representing \_\_\_\_\_ Agreement # \_\_\_\_\_  
Sponsoring Organization Name

Email Address: \_\_\_\_\_

User Name: \_\_\_\_\_  
First seven letters of last name + first letter of first name

Password: \_\_\_\_\_

The password must contain 5 to 10 characters. It **must** contain at least one letter and one digit. The password may contain punctuation characters - e.g., (!@#\$\$%^&\*() +|~-=\`{}[]:":';<>?,./). It cannot be the same as your login id.

Check Component(s) to be used: NSLP SFSP CACFP Commodities

#### Termination of access:

Reason:  No longer an employee  Change in job task  Security compromised

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Person Authorizing CNP2000/CNPweb Access Termination

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of ODE employee