

# **DRAW ACADEMY**

## **Discrimination Complaints Handling Policy**

### **PROGRAM DISCRIMINATION COMPLAINT INSTRUCTION FOR FILING**

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, or reprisal or retaliation for prior civil rights activity.

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, audiotope, 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.

A beneficiary of the program has the right to present a complaint if he/she considers his/her rights had been violated.

The complainant will have the opportunity to be heard by local CE authorities, specifically by the Program Administrator and the Hearing Officer.

The complainant must be informed the process to file their complaint directly with USDA-TDA.

DRAW Academy offers the complainant three different ways to present a complaint.

### **A- COMPLAINT IRECTLY PRESENTED TO THE CE - DRAW ACADEMY**

The complain can be submitted verbally, in writing, or in person to either the Program Coordinator or the Hearing Official at DRAW Academy using the local form attached to these instructions.

All SNP complaints alleging discrimination based on race, color, national origin, sex, age, or disability in verbal statements, written statements, or stated in person must be accepted by SNP personnel and must be forwarded to TDA.

#### **Procedures for handling complaints must include the following:**

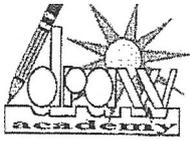
- 1- Indicate how the complaint was made: verbally, in writing, or in person.
- 2- Name of the person receiving the complaint and if the person receiving the complaint transcribed the complaint.
- 3- The complainant will have the opportunity to be heard by local CE authorities, specifically by the Program Administrator and the hearing officer.
- 4- If the complaint is not resolved to their satisfaction, or even if the CE is able to solve the situation, the complaint will be elevated directly to TDA OR USDA.
- 5- The CE may initiate resolution of the complaint while waiting for a response from TDA.
- 6- The CE does begin to address the complaint, the CE must maintain documentation of what was done to resolve the complaint.
- 7- The CE - DRAW Academy will forward the discrimination complaint form to the Food and

**D . R . A . W . A C A D E M Y - D i v e r s i t y R o o t s a n d W i n g s**

Pre-K to 8<sup>th</sup> grade TEA Charter School # 101856

Main 3920 Stoney Brook Dr. .... Upper Elementary 3903 Stoney Brook Dr. .... Early Learning 7914 Westglen Dr. .... Annex 3911 Stoney Brook Dr.  
Houston, TX. 77063

Ph- (713) 706-DRAW (3729) - Fax (713) 706-3711 - email [draw@drawacademy.org](mailto:draw@drawacademy.org) - web <http://drawacademy.org>



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### **Discrimination Complaints Handling Policy**

Nutrition Division of the Texas Department of Agriculture at:  
Food and Nutrition Division  
P.O. Box 12847  
Austin, TX 78711

8- Texas Department of Agriculture will forward all the information to USDA.

#### **B- COMPLAINANT PRESENTS COMPLAIN DIRECTLY TO TDA:**

The complainant may decide he/she wants to file the complaint directly to TDA (Texas Department of Agriculture.)

The CE-DRAW Academy will provide the complainant with Form AD-3027, attached to these instructions and inform the complainant the process detailed below, and provide assistance if requested to process the complaint.

The CE-DRAW Academy will receive any other documents or letters the complainant wishes to use to express their complaint

If necessary, their letter will be transcribed into English and included with any other documents.

To file a program discrimination complaint directly to TDA, a Complainant should complete the form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>

or from any USDA office, by calling (866) 632-9992, or by writing 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 TDA form is attached to this document and it can also be accessed at the following web pages:

Square-meals link to file the form online directly to TDA:

<https://squaremeals.org/About/Contact-Food-and-Nutrition>.

Smartsheet link for the TDA form:

<https://app.smartsheet.com/b/form/063062f61d4d42e590290cbddb4ea35b>

The CE will initiate steps to resolve the complaint while waiting for TDA's response and will maintain documentation of what was done to attempt to resolve the complaint.

#### **C- COMPLAINANT PRESENTS COMPLAIN DIRECTLY TO USDA.**

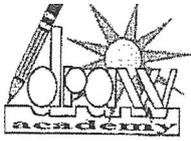
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, attached to these instructions.

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## **DRAW ACADEMY**

### **Discrimination Complaints Handling Policy**

The complainant will receive instructions on how to proceed with their complaint and, if necessary or requested, will receive technical assistance to complete the process and submit the form..

The CE will initiate steps to resolve the complaint while waiting for USDA's response and will maintain documentation of what was done to attempt to resolve the complaint.

The USDA Program Discrimination Complaint Form can also be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>

or from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA, or from the following web-site:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

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.

Upon completion of the form, complainant can submit it via the following media:

- 1. MAIL:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- 2. FAX:** (833) 256-1665 or (202) 690-7442
- 3. EMAIL:** [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.**

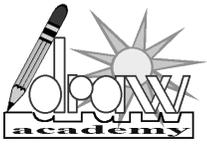
**Updated August 2025**

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## DRAW ACADEMY Civil Rights Complaint Form

To file a complaint, complete this form and submit it to MICHELLE CASTILLO at [mcastillo@drawacademy.org](mailto:mcastillo@drawacademy.org) or bring it in person to the school. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

Check if you'd like to remain anonymous

### I. Contact Information for Person Submitting the Complaint

*(Please record your name, address, telephone number, and additional contact information in the spaces below.)*

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You
Are there other ways we can contact you? <i>(If yes, list them in the box. Other ways might include an email address or a different telephone number.)</i>		

### II. Reason for the Complaint

*(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)*

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.

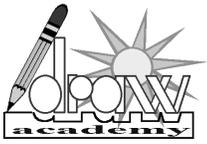
N/A—This complaint is not against an individual.

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C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. *(Attach additional sheets if you need more space.)*

<i>Name</i>	<i>Title</i>	<i>Address/Contact Information</i>

E. What is the basis or the type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of N/A.*

N/A—This complaint is not based on discrimination.

*(Check the boxes that apply.)*

Race

Sex

Color

Age

National Origin

Disability

**Signature of Complainant**

Date:

-----This Space to Be Completed by Person Receiving the Complaint -----

**Name of Person Receiving Complaint:**

**Complaint was translated** *(Check this box if this complaint from was completed by a person other than the complainant)*

**Staff Person Assigned to Address Complaint:**

**Date Forwarded to the Texas Department of Agriculture:**

**English:**

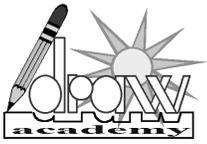
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity. 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

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USDA's TARGET Center at (202) 720-2600 (voice and TrY) 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: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing 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: (833) 256-1665 or (202) 690-7442; or
3. email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**Spanish:**

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo, discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles. La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TrY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339. Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- (1) correo: U.S. Department of Agriculture - Office of the Assistant Secretary for Civil Rights - Texas Department of Agriculture | Food and Nutrition Division Section 3, Civil Rights & Confidentiality | September 2, 2025 | Page 8 of 19 1400 Independence Avenue, SW Washington, D.C. 20250-9410; o
- (2) fax: (833) 256-1665 o (202) 690-7442; o
- (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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# Texas Department of Agriculture/Departamento de Agricultura del Estado de Texas

Complaint Form for Food and Nutrition/Formulario para quejas del Comida y Nutricion

## Contact Information/Informacion de Contacto

Person filing complaint/Persona sometiendo la queja

### First and Last Name/Primer Nombre y Apellido

Enter your name OR select Anonymous. Ponga su nombre o eliga Anonimo.

### Your Email Address/Correo Electronico Suyo

(Optional)/(Opcional)

### Your Address and Phone Number/Tu Domicilio

(Optional)/(Opcional)

**Your City/Tu Ciudad**

(Optional)/(Opcional)

**Your State/Tu Estado**

(Optional)/(Opcional)

**Your Zip Code/Tu Codigo Postal**

(Optional)/(Opcional)

**Your Telephone Number/Tu Numero de Telefono**

(Optional)/(Opcional)

**Complaint about a Contracting Entity  
or Individual/ Queja contra una  
Entidad Contratante o Individuo**

**CE ID Number/Numero de Entidad Contratante**

**CE Name/Nombre de la Entidad Contratante**

## Complaint against Individual/ Queja - Individuo

## Relationship to CE or Individual

Parentela con Entidad Contratante o Individuo

## Decribe your complaint/Describa su queja \*

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## Upload supporting documentation

Suba Documentacion que Respalde su queja



Drop your files here

[Browse](#)

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Send me a copy of my responses

Submit

[Privacy Policy](#) [Report Abuse](#)



## U.S. Department of Agriculture USDA Program Discrimination Complaint Form

6. What happened to you (please include dates of each allegation)?

7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on:

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Race              | <input type="checkbox"/> Sex        | <input type="checkbox"/> Marital Status                            |
| <input type="checkbox"/> Color             | <input type="checkbox"/> Disability | <input type="checkbox"/> Family/Parental Status                    |
| <input type="checkbox"/> National Origin   | <input type="checkbox"/> Age        | <input type="checkbox"/> Income from Public Assistance             |
| <input type="checkbox"/> Political Beliefs | <input type="checkbox"/> Religion   | <input type="checkbox"/> Retaliation (prior civil rights activity) |

### Remedies

8. How would you like to see this complaint resolved?

9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

10. If yes, with what agency or court did you file?

11. If yes, when did you file?  
(mm/dd/yyyy)

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS

**PURPOSE:** The Agriculture Department 3027(AD 3027) Program Discrimination Complaint Form may be used to file a complaint if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. You may also use this form to file a program complaint alleging an adverse environmental impact to your health or the environment of a protected group caused by the program or activities of USDA, its Mission Areas or agencies.

You are not required to use this form to file a discrimination complaint, you may send a letter or email instead of this form. The letter or email must include the information requested in items 1-11 on this form. If you decide to use this form, please type or print all information in items 1-11 of this form and use additional pages if more space is needed. If you need assistance completing this form, call 866-632-9992.

Pursuant to 7 CFR 16.4(d), beneficiaries and prospective beneficiaries in programs supported by indirect financial assistance from USDA may file written complaints with USDA alleging violations of the rule's religious freedom protections by contacting or filing a written complaint with USDA's Office of the Assistant Secretary for Civil Rights (OASCR).

If you need assistance filling out this form (including translation services), you may call (866) 632-9992; assistance will be available in English and for individuals who are not proficient in English or in other languages. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, and American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY)

**We must have a signed copy of your complaint. An incomplete or unsigned form or letter will delay processing of your complaint.**

**FILING DEADLINE:** A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint is received by USDA. Complaint documentation or Complaint Forms sent by email will be considered filed on the date the complaint is received. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated; or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibit discrimination against you based on race, color, and national origin includes discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion. Discrimination based on race, color, and national origin also includes discrimination, including harassment, because you and/or another individual are, for example, Jewish, Muslim, Arab, Hindu, or Sikh; or based on other ethnic and religious characteristics. For example, individuals who have been subjected to ethnic slurs (such as antisemitic or anti-Muslim harassment); harassed for how they look, dress, or speak in ways related to their ethnic background (such as skin color, religious attire, or language spoken); or stereotyped based on their perceived ethnic characteristics. USDA will determine if it has jurisdiction under the law to process the complaint on the basis identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

**WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:**

**Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, Mail Stop 9410, Washington, DC 20250-9410.

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

For more information visit: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

**LEGAL INFORMATION**

**CONSENT:** This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a) and is used to solicit information for processing complaints of discrimination. USDA requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

**RETALIATION PROHIBITED:** No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate 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.

**PRIVACY ACT STATEMENT ( 5 U.S.C. § 552a)**

**AUTHORITIES:** Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 794; 794d) and any other anti-discrimination statutes, rules and regulations.

**PURPOSE:** The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

**ROUTINE USES:** More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by OASCR can be seen via the internet at <https://www.usda.gov/home/privacy-policy/system-records-notices>.

**DISCLOSURE:** Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

**PAPERWORK REDUCTION ACT STATEMENT**

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. OASCR will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, DC 20250-9410. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

**TITLE VI**

Title VI of the Civil Rights Act of 1964 requires federal agencies to ensure that programs or activities receiving federal funding, including those that affect human health, do not use discriminatory criteria, methods, or practices that adversely impact protected groups. USDA is advancing justice by carrying out its responsibilities under the law to identify and address disproportionate and adverse public and cumulative impacts on communities with concerns. USDA invites the public to bring to its attention possible violations of our nation's laws. Please understand that submitting this complaint form has no effect on any statute of limitations or other filing requirements that might apply to any complaint you may have. Further, by submitting this complaint you have not commenced a lawsuit or other legal proceeding, and this office has not initiated a lawsuit or proceeding on your behalf.

**NATIONAL ORIGIN DISCRIMINATION**

Discrimination based on national origin includes discrimination based on the country, world region, or place where a person or their ancestors come from; a person's limited English proficiency or English learner status; and a person's actual or perceived shared ancestry or ethnic characteristics, including membership in a religion that may be perceived to exhibit such characteristics (e.g., Hindu, Jewish, Muslim, and Sikh students).

**USDA ACCESSIBILITY STATEMENT**

Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d) authorizes individuals to file administrative complaints and civil actions against the Department, limited to the Department's alleged failure to procure accessible technology. The statute requires federal agencies to process Section 508 complaints according to the same complaint procedures used to process Section 504 complaints. USDA is committed to making its digital content accessible. USDA customers, employees, job applicants, and members of the public with disabilities must have access to information and communication technology (ICT) comparable to the access available to those without disabilities.