



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Mario Monjaras
Child Nutrition Director
605 N Tyler Street
Beeville, Texas 78102
361-362-6082 ext.1061
mmonjaras@beevilleisd.net

All School Nutrition Program complaints alleging discrimination based on race, color, national origin, sex, age, or disability; verbal, written, or in person must be accepted by SNP personnel and must be forwarded to the Texas Department of Agriculture (TDA).

The following steps outline the process for submitting a discrimination complaint regarding the School Nutrition Program.

1. Person alleging discrimination in the school meal programs may file a discrimination complaint with the following:

a. Campus School Nutrition Personnel

b. School Nutrition Director *Mario Monjaras*

Physical Address: 605 N Tyler ST. Beeville Tx, 78102

Mailing Address: 605 N Tyler ST. Beeville Tx, 78102

Phone: 361-362-6082

Email Contact: mmonjaras@beevilleisd.net

c. Texas Department of Agriculture

General Contact Information

Physical Address: 1700 N. Congress, 11th Floor, Austin, TX 78701

Mailing Address: PO Box 12847, Austin, TX 78711-2847

Phone: 877-TEXMEAL, (877) 839 -6985 Fax: (888) 203-6593

Email Contact: squaremeals@TexasAgriculture.gov

Website: www.squaremeals.org

d. United States Department of Agriculture

General Contact Information

Website: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>

Mailing Address: US Department of Agriculture, Office of the Assistant Secretary for

Civil Rights; 1400 Independence Avenue, SW; Washington, D.C. 20250-9410

Phone: (866) 632-9992; Fax: (202) 690-7442

Email: program.intake@usda.gov



BEEVILLE

INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

Mario Monjaras

Child Nutrition Director

605 N Tyler Street

Beeville, Texas 78102

361-362-6082 ext.1061

mmonjaras@beevilleisd.net

2. School Nutrition Personnel will complete the following:

- a. Provide the complainant the opportunity to complete the Discrimination Complaint Form (see attached form).
- b. Document how the complaint was made: verbally, in writing or in person.
- c. Document the name of the person who received the complaint and a provide a written summary of the complaint.
- d. Provide the School Nutrition Director with the written summary of the complaint as well as the completed Discrimination Complaint Form.

3. The Food Service Director will complete the following:

- a. Notify TDA as required per program regulations.
- b. Provide the complainant the opportunity to complete the Discrimination Complaint Form.
- c. Document how the complaint was made: verbally, in writing or in person.
- d. Document the name of the person who received the complaint and a transcript of the complaint.
- e. Notify the district Hearing Official Superintendent of the alleged complaint.

Beeville ISD may initiate resolution of the complaint while waiting for a response from TDA and will maintain documentation of any actions made to resolve the complaint.



**TROJAN
GRILL**

Sample Complaint Form

To file a complaint, complete this form and submit it to (Enter Name or Position Title of Person Receiving Complaint and Contact information). 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? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)

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.

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.)

Name	Title	Address/Contact Information

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.)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |

Signature of Complainant

	Date:
--	-------

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

Name of Person Receiving Complaint:	<input type="checkbox"/> 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:
---	--

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, audiotape, 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, 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, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.