



Complaint Form

To file a complaint, complete this form and submit it to the Superintendent by e-mail: jmontez@thealamedaschool.org, fax: 210-802-3025 or in person at 318 W. Houston St., San Antonio TX 78205. 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.)

- Race Sex
 Color Age
 National Origin Disability

Signature of Complainant

	Date:
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-----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:

The US Department of Agriculture prohibits discrimination against its customers, employees and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities). If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form found online at www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.