

KIPP Nashville

Procedures for Civil Rights Compliance

In compliance with USDA policy, KIPP Nashville School Nutrition Program ("our LEA") will disseminate, abide by, and enforce the following guidelines:

1. Our LEA will provide "And Justice For All" posters to all participating schools. (Poster can be located at www.fns.usda.gov/cr/justice.htm; click on 475C.pdf for the correct poster and the poster size must be 11"x17".)
2. Our LEA will make available to all participating schools a copy of the Civil Rights Policy Statement of the Tennessee Department of Education.
3. TDOE will provide a news release annually to the public regarding program activities, requirements and benefits, and a nondiscrimination statement to be placed in a prominent place in the release.
4. Our LEA's School Nutrition Program (SNP) will provide annual civil rights training to all individuals identified as front-line staff, including those who take applications, make benefit decisions, or provide a meal.
5. Our LEA will utilize the data collection procedures currently existing in TDOE.
6. Our LEA's SNP will inform each participating school of the required civil rights complaint procedures necessary for compliance with FNS 113-1, which is:
 - a. Our LEA's SNP will develop a written complaint procedure for discrimination and will disseminate this information to all food service staff and make the complaint procedure available to all program recipients.
 - b. Our LEA's SNP will record all verbal and written complaints of discrimination and forward those complaints to TDOE by contacting Christy Ballard, Staff Attorney at phone (615) 741-2921, fax: (615) 532-4791, or email: Christy.Ballard@tn.gov.
7. Our LEA will provide access to language translation services.
8. Our LEA has designated the following individual in the LEA to receive complaints of discrimination:
Name Adrianna Clemons, Chief Operating Officer
Address 3410 Knight Drive, Nashville, TN 37207
Telephone Number 615-226-4484, ext. 8
Email Address aclemons@kippnashville.org

KIPP: Nashville

Civil Rights Complaint Form School Nutrition Program

School (System)/Institution _____ Date of the Incident _____
Name of person or persons accused of discrimination: _____

Complaint: Written: _____ (Attach copy) Verbal: _____

Complaint Filed by: Name _____ Date _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ FAX _____ E-Mail _____

Nature of complaint (include location, date, time, circumstances surrounding the alleged incident, and description of what happened)

Names/signatures of witnesses:

Complaint received by: _____ State Notification Date _____

This institution is an equal opportunity provider.