

## Procedures for Civil Rights Compliance

In compliance with USDA policy, Memphis Delta Prep 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.
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. Our LEA 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](mailto: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 Caitlin Streit Teplicky  
Address 1299 East McLemore Avenue Suite B Memphis, TN 38106  
Telephone Number (901) 251-1010  
Email Address [CStreit@memphisdeltaprep.org](mailto:CStreit@memphisdeltaprep.org)

**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)

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Names/signatures of witnesses:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complaint received by: \_\_\_\_\_ State Notification Date \_\_\_\_\_

This institution is an equal opportunity provider.