

# **Elan Academy**

## **Non-Discrimination Policy**

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at [:http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## **Discrimination Complaint Form**

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Your Telephone Number ( ) \_\_\_\_\_

List other ways to contact you \_\_\_\_\_

Name and address of person(s) or organizations against whom you are filing a complaint

\_\_\_\_\_

Tell what incidents happened that made you feel you had been discriminated against, the dates they occurred, or if continuing, the duration of such actions.

\_\_\_\_\_

\_\_\_\_\_

List the names, titles and addresses of persons who may have knowledge of the above-described incidents.

Name

Title

Address

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).

\_\_\_\_\_

|   |
|---|
| Name of individual receiving complaint: |
|---|

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