Second Harvest Food Bank of Central Florida
TEFAP Client Complaint Process

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has the right to file a complaint within 180 days of the alleged discriminatory action.

Complaints may be received in writing or verbally and must be processed within the time frames established by the USDA. While the complainant may not be required to file the complaint in writing, the complaint must be in writing in order to be forwarded to the USDA. Therefore verbal complaints must be written down and every effort should be made to obtain the following information from the complainant:

1. Name, address and telephone number of the complainant.
2. Name, address and telephone number of the person discriminated against if different from the complainant.
3. The name and address of the agency or entity that discriminated. Name and address of the individual that discriminated, if known.
4. The nature of the incident or action that led the complainant to feel there was discrimination.
5. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability, or religion.
6. The names, titles and addresses of persons who may have knowledge of the discriminatory action.
7. The date when the alleged discriminatory action occurred, or, if continuing, the duration of such actions.

Pursuant to USDA Policy Memorandum 251.10-01, Second Harvest must report all civil rights complaints to the USDA within three (3) working days of receiving the complaint.

Complaint Timeline

Day 1: Day of complaint filing.
Information about the client complaint must be recorded. Complaints can be either written or verbal. Complainant has 180 days from the incident to report the discrimination.

Day 3: Filing Deadline
The recorded complaint must be mailed to:
USDA Civil Rights Office
61 Forsyth St., SW Rm, 8T36
Atlanta, GA 30303-3415
The recorded complaint must be copied to:
Bureau of Food Distribution
407 S Calhoun Street (M39)
Tallahassee, FL 32399-0800

Day 4+: Investigation
USDA Compliance officers will contact all three parties (Second Harvest, complainant, agency) and seek voluntary compliance in order to resolve the discrimination. If voluntary compliance is not reached, the sub-distributor’s USDA contract will be revoked.
TEFAP Client Complaint Form

Your Name (please print): ____________________________________________

Address: __________________________________________________________

Telephone Number: ___________ Mobile Number: _______________________

Email Address: ______________________________________________________

(If different from Above)
Name of Discriminated Against Party: __________________________________

Address: __________________________________________________________

Telephone Number: ___________ Mobile Number: _______________________

Email Address: ______________________________________________________

Name of Agency that discriminated: ____________________________________

Address of Agency: _________________________________________________

Name of Person who discriminated against you: ________________________

Nature of the Incident: ______________________________________________

_________________________________________________________________

_________________________________________________________________

Basis of the complaint: ______________________________________________

_________________________________________________________________

_________________________________________________________________

Suggested remedy of Complaint: ______________________________________

_________________________________________________________________

Witness(s) to the alleged discrimination: ______________________________

_________________________________________________________________

_________________________________________________________________

Date of Incident: ____________________________________________________

Incident reported to: ________________________________________________

Client Signature: ____________________________________________________ Date: _____________________