



# CTFB PROGRAM GRIEVANCE

1. This is a USDA Civil Rights complaint form that is filled out and turned in to the TDA.
2. CTFB will contact the Agency/Client to gather information about the alleged incident
3. Grievances may result in an unannounced Agency site visit
4. After a full investigation, CTFB will take corrective action, if necessary
5. The conclusions of the investigation will be sent to the Agency, in writing and placed in its file

### Final Decision:

Any necessary and appropriate actions will be taken to correct any bad practices or behavior, which will be determined on a case by case basis. If it is concluded that the Agency was not in the wrong, the complaint will be dismissed.

### Agency Complaint:

If your Agency has recurring problems with a client, please notify CTFB so that we are aware of the situation. WE may be able to help or advise how to best handle the problem.

### Retaliation:

CTFB has a zero-tolerance policy against retaliation of any kind. A client will not be discriminated against, harassed, or suffer any reprisals as a result of filing a grievance.

Submitting the complaint may require disclosure of personal information. Civil Rights Complaints should be filed directly with the USDA. That information is listed at the end of this form.

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_  
Date of Occurrence \_\_\_\_\_ Date Complaint is Filed \_\_\_\_\_  
Complainant Name \_\_\_\_\_  
Complainant Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Please explain as clearly as possible, why you believe it happened and please explain as clearly as possible the events that lead to your complaint. Be sure to include how you were treated differently from others. (If you need additional space please attach another sheet if necessary)**



# CTFB PROGRAM GRIEVANCE

(Previous page continued)

**What is the most convenient time for us to contact you regarding this complaint?**

Morning

Afternoon

Evening

**What remedy are you seeking for this complaint?**

**Is this the first time you have had a complaint about this agency?** Yes \_\_\_\_\_ No \_\_\_\_\_

Please return completed form to: VP of Network Services + Programs  
Central Texas Food Bank  
6500 Metropolis Drive  
Austin, TX 78744

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Printed name of person filing complaint

\_\_\_\_\_  
Date Recieved

Revised 1/21/2026