

Receipt of Appeals Procedure for CACFP and SFSP

Name of Organization or Business: _____

Agreement Number: _____

Please sign this form to indicate that you have received the appeals procedure process in the event ALSDE takes an “adverse action” against you during your operation of the Child and Adult Care Food Program (CACFP) or the Summer Food Service Program (SFSP).

By signing this form you have received and understand the following topics in the appeal process:

- What you can appeal
- Deadlines for appeal submission
- Instructions for appeal
- Consequences for missing a hearing
- Mailing Address must be kept current

Signature of highest ranking official _____

Date _____

For SA office only:

_____ Initials

_____ Date

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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

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