

CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINT FORM

COMPLAINT CONTACT INFORMATION:

NAME: _____

STREET ADDRESS, CITY, STATE, ZIP: _____

AREA CODE/PHONE: _____

E-MAIL ADDRESS: _____

COMPLAINT INFORMATION:

1. SPECIFIC NAME AND LOCATION OF THE ENTITY DELIVERING THE SERVICE OR BENEFIT:
2. DESCRIBE THE INCIDENT OR ACTION OF THE ALLEGED DISCRIMINATION OR GIVE AN EXAMPLE OF THE SITUATION THAT HAS A DISCRIMINATORY EFFECT ON THE PUBLIC, POTENTIAL PROGRAM PARTICIPANTS, OR CURRENT PARTICIPANTS:
3. ON WHAT BASIS DOES THE COMPLAINANT FEEL DISCRIMINATION EXISTS (race, color, national origin, sex, age, or disability)?
4. LIST THE NAMES, TITLES, AND BUSINESS ADDRESSES OF PERSONS WHO MAY HAVE KNOWLEDGE OF THE ALLEGED DISCRIMINATORY ACTION:
5. LIST THE DATE(S) DURING WHICH THE ALLEGED DISCRIMINATORY ACTIONS OCCURRED, OR IF CONTINUING, THE DURATION OF SUCH ACTIONS: _____
6. DATE COMPLAINT RECEIVED: _____
7. PERSON RECEIVING COMPLAINT: _____
8. ACTION(S) TAKEN:

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action. Civil rights complaints are to be forwarded immediately to:

MAIL: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, WASHINGTON DC 20250-9410,

FAX: 1-202-690-7442;

EMAIL: program.intake@usda.gov

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