Adams 12 Five Star Schools  
Nutrition Services  
Civil Rights Complaint Form

☐ Anonymous – Please skip to section II

* = Required Field

<table>
<thead>
<tr>
<th>*Today’s Date</th>
<th>*Time:</th>
</tr>
</thead>
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**Section I - Complainant Information**

Name: 
Address: 
City: State: Zip Code: Phone: 
Email: 

**Section II - Report of Incident**

*Date(s) of Incident: 
*Place Incident Occurred: 
*Persons Involved in Incident 
*Description of the Incident that led complainant to feel discrimination was a factor: 

*The basis on which the complainant believes discrimination exists: 

*Names of Persons who may have knowledge of the alleged discriminatory action: (Include Name, title, phone number and address) 

*Signature of Complainant: *Date: 

**Section III - Service Details**

Complaint Received by: 
Issue discovered by Management on inspection/investigation: 

Manager Signature: Date: 
Director Signature: Date: 

Action Taken 

<table>
<thead>
<tr>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Under Observation</td>
</tr>
<tr>
<td>☐ Incomplete</td>
</tr>
<tr>
<td>☐ Complete</td>
</tr>
</tbody>
</table>

This institution is an equal opportunity provider.