

## CIVIL RIGHTS COMPLAINT FORM

If you believe you have been discriminated against in any way involving the National School Lunch Program, please fill out this form completely\*

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone No: \_\_\_\_\_
4. I wish to file a complaint against: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Nature of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Category of discrimination (circle one): race, color, sex, age, handicap, religion, or national origin.
7. Name and addresses of persons who may have witnessed or have knowledge of the discriminatory act: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Location of alleged discriminatory act: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Time and Date of Occurrence: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\*(The use of this form is not a requirement for the acceptance of a complaint. See the poster, "And Justice for All", for detailed information)