



Nutrition Services Civil Rights Complaint Form

EF-E2

☐ Anonymous – Please skip to section II

*Today's Date

*Time:

* = Required Field

Section I - Complainant Information

Name & School:

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:**

How would you like to see this complaint resolved?

***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:

Phone ☐ Complaint Form



Issue discovered by Management on inspection/investigation:

Management Remarks:

Manager Signature:

Date:

Director Signature:

Date:

Action Taken

Status:

- ☐ Under Observation
- ☐ Incomplete
- ☐ Complete