

CIVIL RIGHTS COMPLAINT FORM
School Nutrition Program

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address (if you have one): _____

Telephone Number (with area code): _____

Alternate Telephone Number (with area code): _____

Best Time of the Day to Reach You: _____

Best Way to Reach You (check one): Mail ☐ Phone ☐ E-mail ☐ Other ☐

Do you have a representative (lawyer or other advocate) for this complaint? Yes: ☐ No: ☐

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

1. Who do you believe discriminated against you or others? Use additional pages, if necessary.

School Food Authority: _____

Name(s) of person(s) involved in the alleged discrimination (if known):

2. When did the discrimination occur?

Date: _____

If the discrimination occurred more than once, please provide the other dates:

3. What happened? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

[illegible]

4. Where did the discrimination occur?

Address of location where incident occurred:

Number and street, PO Box, or RD Number

City

State

Zip Code

5. It is a violation of the law to discriminate based on the following: race, color, national origin, age, sex, and disability. Reprisal is prohibited based on prior civil rights activity.

I believe I or others were discriminated against based on:

6. Remedies: How would you like to see this complaint resolved?

7. Please list below any persons, if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

8. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

If yes, when did you file?

Month

Day

Year

(Please Continue to Signature Page)

Signature: _____

Date: _____

Please feel free to add additional sheets to explain the present situation to us or if needed to fully answer any of the above questions.

Mail Completed Form To:

Kala Geiss
Director of Food and Nutrition
605 St Hwy 231
Sycamore, OH 44882

For internal use only:

Complaint received by: _____

Received on: _____