

Civil Rights Complaint Form

Name: _____
School: _____
Address: _____
Phone: _____
Email: _____

1. What happened to you? Please include date, location and any supporting documentation that would help show what happened.

2. Who do you believe discriminated against you? List name(s).

3. Name(s) of witness(es) to alleged prohibited conduct if applicable:

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and sexual orientation), disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. I believe I was discriminated against based on my:

5. How would you like to see this complaint resolved?

Complete form and submit to District Contact within 180 days of the alleged discriminatory action. Forms can be submitted via email to email address or through US mail to SFA address.

Food & Nutrition Services Department
5260 Geiger Blvd
Colorado Springs, CO 80915

This Institution is an equal opportunity provider