Nutrition Services Civil Rights

Last Revised: 02/20/2024 **| Last Reviewed**: 02/20/2024

Complaint Form

The purpose of this form is to assist you in filing a complaint with the Civil Rights coordinator, verbally or written. You are not required to use this form. A letter with the same information is sufficient; however, the information that is requested for the items marked with a (*) must be provided, whether or not the form is used. If you need help completing this form, please call 209-331-7121.

***State your name, address and telephone number:**

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Alternate Telephone: _____

***Person or persons discriminated against, if different from above:**

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Alternate Telephone: _____

***Location or department or program that discriminated:**

Name: _____

Any individual, if known: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Alternate Telephone: _____

***Nature of the complaint:** _____

_____

_____

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_____

***Names, titles, and if known, address(s) of person(s) who may have knowledge of the discriminatory action or situation:**

Name: _____

Any individual, if known: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Alternate Telephone: _____

***Date(s) that the alleged discrimination occurred and/or the duration of such action:**

Date(s): _____ Duration: _____

Date(s): _____ Duration: _____

Date(s): _____ Duration: _____

Date(s): _____ Duration: _____

This complaint can be logged, verbally or written, with the Associate Superintendent/Chief Business Officer, Civil Rights Coordinator at 1305 E. Vine Street, Lodi, CA 95240-3148 or California Department of Education, Nutrition Services Division, Civil Rights Program Complaint Coordinator, 1430 N Street, Room 1500, Sacramento, CA 95814-2342. The complaint will then be reported to the California Department of Education, Nutrition Services Division, at the State level within 3 working days.

Signature of Complainant: _____

Complaint Procedure:



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."