



# Nutrition Services Civil Rights Complaint Form

Anonymous – Please skip to section II

\*Today's Date

\*Time:

\* = Required Field

## Section I - Complainant Information

Name:

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:

\*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

This institution is an equal opportunity provider.