

Adams 12 Five Star Schools
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