Discrimination Complaint Form  
Child Nutrition Department

| **Complainant Information** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name | | | | | Middle Initial | | Last Name | |
| Mailing Address | | | | | | | | |
| Primary Phone Number | | Alternate Phone Number | | | | | Email | |
| Best way to reach you: | Mail | |  |  | Phone |  | Email | Other |
| **Name and Address of person(s) and/or organization(s) you are filing a complaint against:** | | | | | | | | |
| First name | | | | | | Last Name | | |
| Organization Name | | | | | | | | |
| Mailing Address | | | | | | | | |
| Phone | | Email | | | | | | |
| **State on which basis you feel discrimination exists (race, color, national origin, sex, age, or disability)** | | | | | | | | |
| □Race □Color □National origin □Sex □Age □Disability □Other | | | | | | | | |
| **Please describe the incident(s) that occurred that made you feel that you had been discriminated against.** | | | | | | | | |
| Date of recent alleged discrimination (mm/dd/yyyy) | | | | Location and/or address of the office where discrimination occurred | | | | |
| Who do you believe discriminated against you? Include the name(s) of the person(s) involved in the alleged discrimination (if known). | | | | | | | | |
| What happened to you? (Please include dates of each allegation) | | | | | | | | |
| Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. | | | | | | | | |



Complainant Signature Date Child Nutrition Director Signature Date