

## Discrimination Complaint Form

Any discrimination complaint will be reported to Child Nutrition Director who will then report to CFO as well as the proper state agencies.

1. Your name: \_\_\_\_\_
2. Your address: \_\_\_\_\_
3. Your telephone: \_\_\_\_\_
4. List other ways to contact you: \_\_\_\_\_  
\_\_\_\_\_
5. Name and address of person(s) or organizations you are filing a complaint against:  
\_\_\_\_\_  
\_\_\_\_\_
6. Tell what happened that made you feel you had been discriminated against and the dates they occurred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).  
\_\_\_\_\_
8. List names, titles and addresses of persons who may have knowledge of the actions given in number 6 above:

	Name	Title	Address
a.			
b.			
c.			
d.			

9. Date: \_\_\_\_\_

All complaints, written or verbal, shall be accepted by the school food authority and forwarded to the Food and Nutrition, Texas Department of Agriculture.