

# Food Service Civil Rights Complaint Form

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (include area code) \_\_\_\_\_

Email Address \_\_\_\_\_

List Name/Location of Organization Providing Benefits:

\_\_\_\_\_  
\_\_\_\_\_

Indicate the discriminatory action or incident (include date action occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. On what basis does the complainant believe he/she was discriminated (race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity)?

\_\_\_\_\_  
\_\_\_\_\_

Persons who may have knowledge of the discriminatory action:

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>Phone #</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complaints of discrimination should be given to the school Superintendent, who will forward to the OSPI Chief Nutrition Officer.