## Child Nutrition Programs Civil Rights Complaint Form

## **Complainant Contact Information**

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Street Address, City, State, Zip
Area Code / Phone

## **Complaint Information**

- 1. Specific name and location of the entity delivering the service or benefit:
- 2. Describe the incident or action of alleged discrimination or give an example of the situation that has a discriminatory effect on the public, potential program participants or current participants:
- 3. On what basis does the complainant feel discrimination exists (race, color, national origin, sex, age or disability)?
- 4. List names, titles, and business addresses of persons who may have knowledge of the alleged discriminatory action:
- 5. List date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions:
- 6. Date Complaint Received:\_\_\_\_\_
- 7. Person Receiving Complaint: \_\_\_\_\_
- 8. Action(s) Taken:

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action.

Civil rights complaints are to be forwarded immediately to:

Kansas State Department of Education	OR	U.S. Department of Agriculture
Child Nutrition & Wellness		Office of the Assistant Secretary for Civil Rights
Landon State Office Building		1400 Independence Avenue, SW
900 SW Jackson Street, Suite #251		Washington, DC 20250-9410
Topeka, KS_66612-1182		Fax 202-690-7442
785-296-2276		Email program.intake@usda.gov
		Toll-free Customer Service 1-866-632-9992