

Child Nutrition Programs Civil Rights Complaint Form

Complainant Contact Information

Name _____

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
Child Nutrition & Wellness
Landon State Office Building
900 SW Jackson Street, Suite #251
Topeka, KS 66612-1182
785-296-2276

OR

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
Fax 202-690-7442
Email program.intake@usda.gov
Toll-free Customer Service 1-866-632-9992