

School District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**USDA Child Nutrition Programs  
Log of Civil Rights Complaints**

Date Complaint Received	Name of person who took complaint	Description of Complaint. Include date of incident. Use additional sheets if needed.	Name of Complainant (Optional)	Who is investigating the complaint?	What Date was the complaint Investigated?	Date Civil Rights Complaint Forwarded to ND DPI	Date Complaint Resolved

This institution is an equal opportunity provider.

**USDA Child Nutrition Programs**

Civil Rights Coordinator: \_\_\_\_\_

Coordinator Contact Information: \_\_\_\_\_