

# USDA CHILD NUTRITION CIVIL RIGHTS COMPLAINT FORM

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 incidents 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 #6 above:

	Name:	Title:	Address:
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

- Complainant has up to 180 days from alleged incident to submit a complaint.
- All complaints with regard to race, color, national origin, sex and age, written or verbal, shall be accepted by the school and forwarded within five (5) business days to: Director, North Dakota Department of Public Instruction, Child Nutrition and Food Distribution at 600 East Boulevard Avenue, Department 201, Bismarck, ND 58505. Phone: 1-888-338-3663.