

## Office of Civil Rights Complaint form

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, CCSD#1 is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

These are the protected classes in Child Nutrition Programs: **race, color, sex, age, national origin, and disability or reprisal or retaliation for prior civil rights activity in any program or activity conducted for funded by USDA.**

**Discrimination** is defined as different treatment which makes a distinction of one person or group of persons from others. Either intentionally, by neglect, or by the actions or lack of actions based on membership in one of the protected classes.

Complaint may be received verbally, in writing, anonymously or by completing the form below.

Name of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of person alleged to have discriminated or engaged in harassment: \_\_\_\_\_

\_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_

Description of misconduct: (attach documentation, if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witnesses (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence of harassment. i.e.. letters, photos, etc. (attach evidence if possible): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_