

### CIVIL RIGHTS COMPLAINT FORM School Nutrition Program

First Name: \_\_\_\_\_ Middle Initial: --- Last Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: --- Zip Code: \_\_\_\_  
E-mail address (if you have one): \_\_\_\_\_  
Telephone Number (with area code): \_\_\_\_\_  
Alternate Telephone Number (with area code): \_\_\_\_\_  
Best Time of the Day to Reach You: \_\_\_\_\_  
Best Way to Reach You (check one): Mail \_\_\_ Phone \_\_\_ E-mail \_\_\_ Other \_\_\_

Do you have a representative (lawyer or other advocate) for this complaint? Yes: \_\_\_ No: \_\_\_  
If yes, please provide the following information about your representative:  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_ State: -- Zip Code: \_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Who do you believe discriminated against you? Use additional pages, if necessary.

School Food Authority: \_\_\_\_\_

Name(s) of person(s) involved in the alleged discrimination (if known):

\_\_\_\_\_  
\_\_\_\_\_

2. When did the discrimination occur?

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

If the discrimination occurred more than once, please provide the other dates:

\_\_\_\_\_  
\_\_\_\_\_

3. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

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4. Where did the discrimination occur?

Address of location where incident occurred:

\_\_\_\_\_  
Number and street, PO Box, or RD Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, age, sex, and disability. Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my:

\_\_\_\_\_

6. Remedies: How would you like to see this complaint resolved?

\_\_\_\_\_  
\_\_\_\_\_

7. Please list below any persons, if know, whom we may contact for additional information to support or clarify your complaint.

Name: - - - - -

Address: - - - - -

\_\_\_\_\_

8. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: - - -            No: - - -

If yes, with what agency or court did you file? \_\_\_\_\_

\_\_\_\_\_

If yes, when did you file?    \_\_\_\_\_  
  Month    Day    Year

(Please Continue to Signature Page)

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

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

Please feel free to add additional sheets to explain the present situation to us or if needed to fully answer any of the above questions.

**All complaints will be forwarded to the Executive Administrator and school lunch director. A copy of the complaint will also go to the USBE child nutrition programs and can be made by email or in person.**

Email:

**Fred.Donaldson@DaVinciAcademy.org**

**vicky.Shaw@DaVinciAcademy.org**

Mail to:

*Fred Donaldson  
2033 Grant Ave,  
Ogden, Ut 84401*

Complaint received by:

Received on: