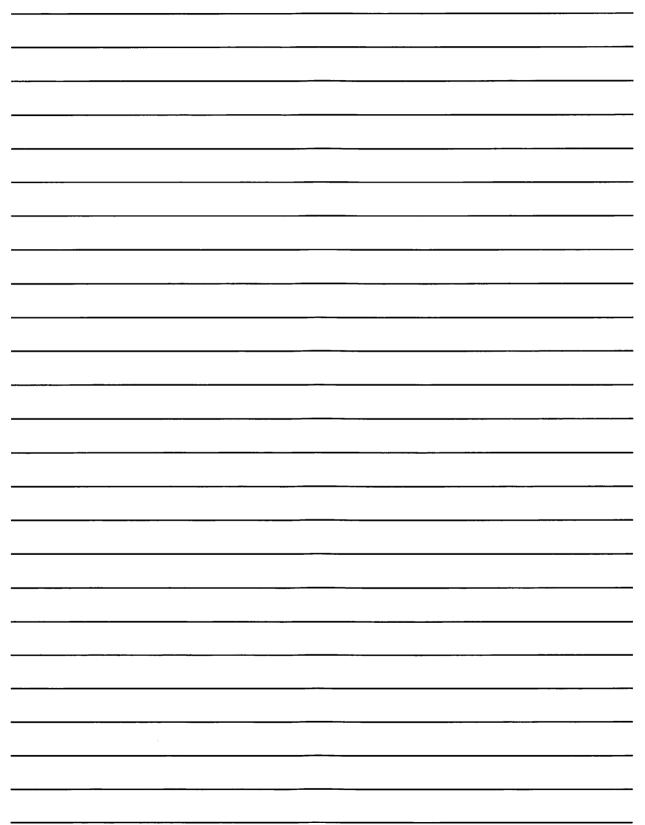
## CIVIL RIGHTS COMPLAINT FORM School Nutrition Program

First Name:	Middle Initial:	Last Name:		
Mailing Address:		-		
City:	State: Zi	p 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):				
		. <u></u>		
2. When did the discrimination occ	cur?			
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.

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.

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

Email:

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## Fred.Donaldson@DaVinciAcademy.org Vicky.Shaw@DaVinciAcademy.org

Mail to:

Fred Donaldson 2033 Grant Ave, Ogden, Ut 84401

Complaint received by:

Received on: