

CIVIL RIGHTS DISCRIMINATION COMPLAINT

DATE: _____

NAME OF COMPLAINANT: _____

ADDRESS: _____

PHONE NUMBER: _____

LOCATION AND NAME OF PERSON BEING ACCUSED:

DATE AND DESCRIPTION OF INCIDENT:

BASIS OF ALLEGED DISCRIMINATION (RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY):

Complainant Signature Date

Manager Signature Date

*All complaints must be forwarded to the ADE or Civil Rights Division of the USDA Food and Nutrition Service. Complaints must be filed within 180 days of the act of alleged discrimination.