

## Discrimination 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 number 6 above.

Name:	Title:	Address:
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

9. Date \_\_\_\_\_

**All complaints, written or verbal, shall be accepted by the school district and forwarded to the Food and Nutrition Division, Texas Department of Agriculture.**