

1. Complaints of discrimination must be filed

Civil Rights Complaint Form

Name of Complainant _____

Address _____

Telephone Number (include areacode) _____

Email Address _____

List Name/Location of Organization Providing Benefits:

Indicate the discriminatory action or incident (include date action occurred):

a.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights

OSPI Child Nutrition Services

This institution is an equal opportunity provider.

March 2023