

Child Nutrition Programs Civil Rights Complaint Form

Complainant Contact Information

Name _____

Street Address, City, State, Zip _____

Area Code / Phone _____

Complaint Information

1. Specific name and location of the entity delivering the service or benefit:
2. Describe the incident or action of alleged discrimination or give an example of the situation that has a discriminatory effect on the public, potential program participants or current participants:
3. On what basis does the complainant feel discrimination exists (race, color, national origin, sex, age or disability)?
4. List names, titles, and business addresses of persons who may have knowledge of the alleged discriminatory action:
5. List date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions:
6. Date Complaint Received: _____
7. Person Receiving Complaint: _____
8. Action(s) Taken:

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action.

Civil rights complaints are to be forwarded immediately to:

Kansas State Department of Education
Child Nutrition & Wellness
120 SE 10th Avenue
Topeka, KS 66612-1182
(785) 296-2276

OR USDA
Director, Office of Civil Rights
Room 326-W, Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410
English/Spanish 1-866-632-9992
English (TDD) 1-800-877-8339
Spanish (TDD) 1-800-845-6136