Lovelady I.S.D. Child Nutrition

Discrimination Complaint Form

Date of Complaint: _____

Complainant Name: _____

Complainant Address:

_____

City _____ State _____ Zip code _____

Complainant Telephone Number: Home:_____Cell:_____

List other contact information: Work:_____

Name and Address of person(s) or organization you are filing a complaint against:

_____

_____

Please provide details of the incident that occurred and made you feel you had been discriminated against and the dates occurred. State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability):

_____

_____

_____

_____

List names, titles and addresses of persons who may have knowledge of the actions described above:

Name:_____

Title: _____

Address:

_____

_____

Phone: _____

Complainant Signature: _____

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.