(Ref. – FNS Instruction 113)

CIVIL RIGHTS COMPLAINT FORM

Child Nutrition Program

School Food Authority Carter G. Woodson School Date of the Incident _____

Name of person or persons accused of discrimination

_____

_____

Complaint: Written: _____ (Attach copy) Verbal: _____

Complaint Filed by: Name _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ FAX _____ E-Mail _____

Nature of complaint (include location, date, time, circumstances surrounding the alleged incident, description of what happened)

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CIVIL RIGHTS COMPLAINT FORM
(continued)

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Names/signatures of witnesses:

_____

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Complaint received by: _____ State/Federal Notification Date_____

Lynn Harvey, Section Chief Child Nutrition Services NC Department of Public Instruction 6324 Mail Service Center 301 N. Wilmington Street. Raleigh, NC 27699-6324	U.S. Department of Agriculture Food and Nutrition Service 61 Forsyth Street, SW Suite 3B70 Atlanta, GA 30303-8931

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