Child Nutrition Services
Procedure for Handling Complaints of Discrimination

1. Complaints of discrimination must be filed within 180 days of the alleged discrimination.

2. Complaints of discrimination should be given to Child Nutrition Services director, Office of Superintendent of Public Instruction. Director will forward to Food and Nutrition Services, Western Regional Office, San Francisco.

3. Complaints of discrimination may be written or verbal. Use of a form is not required for a person filing a complaint. If a person is unwilling, unable, or not inclined to put the complaint in writing, the person taking the complaint shall do so. (Complaint form attached.)

4. Complaints of discrimination should contain as much as possible of the following information:

    a) Name, address, e-mail address, and telephone number or other means of contacting the complainant.

    b) The specific location and name of the entity providing the benefits.

    c) A description of a specific action that caused the complainant to believe that discrimination was a factor.

    d) Basis on which the complainant feels that discrimination occurred (race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity).

    e) Name and titles, if known, and addresses of persons who may have knowledge of the discriminatory action.

    f) The date(s) the alleged discriminatory actions occurred or the duration of such action.

Civil Rights Complaint Form

Name of Complainant_____

Address_____

Telephone Number (include area code)_____

E-Mail Address_____

List Name/Location of Organization Providing Benefits:
_____

_____

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

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On what basis does the complainant believe he/she was discriminated against (race, color, national origin, gender, age, disability, reprisal or retaliation for prior civil rights activity)?

_____

_____

Persons who may have knowledge of the discriminatory action:

Name	Title	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____