

## Civil Rights Complaint Form

The purpose of this form is to assist you in filing a complaint with the Mackay School District. You are not required to use this form; a letter with the same information is sufficient. **However, the information requested in the items bolded and marked with a star (\*) must be provided, whether or not the form is used.**

1 State your name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

2 **\*Person(s) discriminated against, if different from above:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

3 **\* Agency and department or program that discriminated:**

Name: \_\_\_\_\_

Any individual if known: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

4 **\* Nonemployment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").**

\_\_\_\_\_ Race/Color: \_\_\_\_\_

\_\_\_\_\_ National Origin: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Disability: \_\_\_\_\_

\* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

\_\_\_\_\_ Race/Color: \_\_\_\_\_  
\_\_\_\_\_ National Origin: \_\_\_\_\_  
\_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Disability: \_\_\_\_\_

**5 What is the most convenient time and place for us to contact you about this complaint?**

\_\_\_\_\_

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_

Tel. No.( ) \_\_\_\_\_

**6 If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

**7 \*To your best recollection, on what date(s) did the alleged discrimination take place?**

**Earliest date of discrimination:**

\_\_\_\_\_

**Most recent date of discrimination:**

\_\_\_\_\_

**8 Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.**

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**9 \* Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)**

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**10 The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.**

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**11 Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_

**12 Do you have any other information that you think is relevant to our investigation of your allegations?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13 What remedy are you seeking for the alleged discrimination?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14 Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government (including U.S. Department of Agriculture)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you remember the Complaint number?

\_\_\_\_\_

Which agency and department or program was it filed with?

\_\_\_\_\_

Address: (Include City, State, and Zip Code)

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Telephone Number ( ) \_\_\_\_\_

Date of Filing: \_\_\_\_\_

Government

Agency: \_\_\_\_\_

Briefly describe the nature of the complaint:

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What was the result?

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**15 Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?**

- \_\_\_\_\_ U.S. Equal Employment Opportunity Commission
- \_\_\_\_\_ Federal or State Court
- \_\_\_\_\_ Your State or local Human Relations/Rights Commission
- \_\_\_\_\_ Grievance or complaint office

**16 If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):**

Agency: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Case or Docket Number: \_\_\_\_\_  
Date of Trial/Hearing: \_\_\_\_\_  
Location of Agency/Court: \_\_\_\_\_  
Name of Investigator: \_\_\_\_\_  
Status of Case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17 While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Food and Nutrition Service funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Agriculture  
Food & Nutrition Service  
Civil Rights Division  
3101 Park Center Drive, Room 942  
Alexandria, VA 22302  
(703) 305-2195

**18      How did you learn that you could file this complaint?**

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### Civil Rights Complaint Log

| Date of Discrimination<br>Both earliest date and most recent date | Person Discriminated against | Agency and department or program that discriminated | Type of Discrimination                                    |   | Explanation of what happened |
|---|------------------------------|---|---|---|------------------------------|
|   |                              |   | Employment<br><br>(circle one)                            | Non-Employment<br><br>(circle one)                        |                              |
|   |                              |   | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability |                              |
|   |                              |   | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability |                              |
|   |                              |   | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability | Race/Color<br>National Origin<br>Sex<br>Age<br>Disability |                              |



## Discrimination Complaint Form

1. Your name: \_\_\_\_\_

2. Your address: \_\_\_\_\_

3. Your telephone: \_\_\_\_\_

4. List other ways to contact you: \_\_\_\_\_

5. Name and address of person(s) or organizations you are filing a complaint against:

\_\_\_\_\_  
\_\_\_\_\_

6. Tell what incidents happened that made you feel you had been discriminated against and the dates they occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State on what basis you feel discrimination exists (race, color, national origin, sex, age, or disability):

\_\_\_\_\_  
\_\_\_\_\_

8. List names, titles, and addresses of persons who may have knowledge of the actions given in #6 above:

| Name: | Title: | Address: |
|-------|--------|----------|
|-------|--------|----------|

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

(All complaints, written or verbal, shall be accepted by the sponsor and forwarded to the Child Nutrition Programs Division, Idaho State Department of Education)