

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: _____