



## Civil Rights Nutrition Discrimination Complaint Form

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address* *Apt/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State, Zip Code*

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Best time of day to reach you:** \_\_\_\_\_ **Best way to reach you:** Phone Email Other: \_\_\_\_\_

**Who do you believe discriminated against you? Name(s) or person(s) involved in the alleged discrimination (if known):**

\_\_\_\_\_

**Please name the program you applied for (if known/if applicable):**

\_\_\_\_\_

**What happened to you? Please use additional sheets and include any supported documentation that would help show what happened.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When did the discrimination occur? Date (and time if known):**

\_\_\_\_\_

**Where did the discrimination occur? Address of school or location where incident occurred (city, state, zip):**

\_\_\_\_\_

**If the discrimination occurred more than once, please provide other dates:**

\_\_\_\_\_



## Civil Rights Nutrition Discrimination Complaint Form

It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

**I believe I was discriminated against based on my:**

---

**Remedies: How would you like to see this complaint resolved?**

---

---

---

---

**Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?**

Yes  No

**When did you file?**

**What agency of court did you file?**

---

*Month, Day, Year*

**Signature:**

---

Mail to:

Civil Rights Nutrition Discrimination  
389 St. Clair  
Grosse Pointe, MI 48230