

### CHILD NUTRITION PROGRAMS CIVIL RIGHTS COMPLAINTS LOG

School District Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Date Complaint Received	Name of Person Who Took Complaint	Description of Complaint. Include Date of Incident. Use Additional Sheets if Needed.	Name of Complainant (Optional)	Who is Investigating the Complaint	Date(s) the Complaint Was Investigated	Date Civil Rights Complaint Forwarded to ND DPI	Date Complaint Resolved

**USDA Child Nutrition Programs**

Civil Rights Coordinator: \_\_\_\_\_

Coordinator Contact Information: \_\_\_\_\_