

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM
Civil Rights
Complaint Form

Name Sponsor/District

Address *(Alleged complaint is against:)*

Phone #

Agreement #

Date(s) of Alleged Discriminatory Action:

Nature of Complaint:

Witness(es) (Person(s) Having Knowledge of the Discriminatory Action):

Name Name

Address Address

Title Title

Name Name

Address Address

Title Title

Basis of Complaint:

- | | |
|-----------------|------------|
| Race | Age |
| Color | Disability |
| National Origin | Other |
| Sex | |