

**FOOD AND NUTRITION SERVICE  
COMPLAINT FORM**

The purpose of this form is to assist you in filing a complaint with Panorama Schools. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items 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 \* Non-employment: 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: \_\_\_\_\_

\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_ Religion: \_\_\_\_\_

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

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

5 What are 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:

\_\_\_\_\_





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?

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13 What remedy are you seeking for the alleged discrimination?

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\_\_\_\_\_

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)

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

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: \_\_\_\_\_

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Comments:

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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.

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