

CIVIL RIGHTS COMPLAINT

ES-1600
Rev. 10-02

This form is to be used to record either oral or written Civil Rights Complaints as they are received. The completed form shall be provided to the immediate supervisor at the end of each month. (See KEESM 1630.)

Complainant (Last, First, and Middle Names)	Address (Street Number & Name, City, State, Zip Code)
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Telephone Number	DCF Area	County
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Date of Client's Complaint	Date of Response to Client's Complaint	Date of Completed Corrective Action
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Definition of a Civil Rights Complaint: A verbal or written allegation of discrimination which indicates that the Food Assistance Program is administered or operated in such a manner that it results in disparity of treatment or delivery of benefits provided to persons or groups of persons based on race, color, national origin, age sex, disability, political belief, or religion.

Date(s) on Which the Act(s) Occurred	Description of Incident(s)/Act(s) Which Led to Allegation(s) of Discrimination	Names, Titles, and Addresses of Persons Having Knowledge of Incident(s)/Act(s)	Action(s) Taken and Date(s) (Discuss and Date Corrective Action(s).)
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