

# 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.)

<b>Complainant (Last, First, and Middle Names)</b>	<b>Address (Street Number &amp; Name, City, State, Zip Code)</b>	
<b>Telephone Number</b>	<b>DCF Area</b>	<b>County</b>
<b>Date of Client's Complaint</b>	<b>Date of Response to Client's Complaint</b>	<b>Date of Completed Corrective Action</b>

**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, sex, (including gender identify and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

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