## **Kansas CSFP Complaint Form**

Does this complaint allege discrimination?		
LA Staff Name & Title who received and is Reporting	g Complaint:	
Phone: ( ) LA Name:		
LA Address:		
PERSON/ORGANIZA	TION NAMED IN COMPLAINT	
Person Named in Complaint:		
	Phone: ( )	
Person/Organization Street Address:	City & Zip:	
COMPLAINA	ANT INFORMATION	
Identity of Person/Organization making the complain	nt:	
Complainant Name:		
Complainant Street Address:		
Complainant City & Zip Code:	Phone (if available)	
	oblem. (Use additional sheets as needed.)	

Rev 3/2006

(OVER)

LA Action Taken. (Use additional sheets as needed.)	
Signature/Title/Date:	
FOR STATE AGENCY USE ONLY.	
Staff Agency Staff Assigned:	Date:
Follow-up (Use additional sheets as needed):	

Submit original complaint form to State Agency.

Retain a copy of the complaint in agency Complaint File.