Kansas CSFP Civil Rights Discrimination Complaint Form Indicate the category (one or more are possible): Race Color National Origin Sex ☐ Age ☐ Disability The LA shall take no action on Civil Rights Complaints. Immediately forward all oral or written civil rights discrimination complaints to the State Agency (SA) for appropriate action. *Make one (1) copy of this form.* Send Original to State; File Copy in Local Agency Complaint File. LOCAL AGENCY FILING REPORT INFORMATION Date Complaint Received by LA: ______ Date Complaint Sent to SA: _____ LA Staff Name & Title who received and is Reporting Complaint: Phone: () LA Name: LA Address: _____ PERSON/ORGANIZATION NAMED IN COMPLAINT Person Named in Complaint: Organization Named in Complaint: Phone: () Person/Organization Street Address: _____ City & Zip: _____ COMPLAINANT INFORMATION Identity of Person/Organization making the complaint: Participant Vendor Staff Other Complainant Name: _____ Complainant Street Address: Phone Complainant City & Zip Code: (if available) Date of problem: Description of the problem. (Use additional sheets as needed.)

(OVER)

Description of the problem continued:		
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FOR STAT	E AGENCY USE ONLY	
Staff Agency Staff Assigned: Date Sent to USDA Regional Office:		
Follow-up (Use additional sheets as needed):		
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Submit original complaint form to State Agency.

Retain a copy of the complaint in agency Complaint File.