

**North Carolina
Department of Health and Human Services
Division of Public Health
Nutrition Services Branch
Special Nutrition Program
Complaint Form**

Date of Complaint: _____ Sponsor Number: _____

Name and address of Institution: _____

**Is this a Civil Rights Complaint: Yes NO. If "YES", please indicate the type of Civil Right Complaint: Race Sex Color Age National Origin Disability; and give the date the civil right complaint was sent to Food and Nutrition Services _____
If "NO", please state the nature of complaint below:**

Nature of Complaint: _____

Result of Investigation: _____

Is Further Investigation Warranted? If "Yes", explain. Yes No

Investigator's Signature: _____ Date: _____

Unit Manager's Signature: _____ Date: _____

Instructions

- 1. Date of complaint, sponsor number, name and address of institution should be completed by the person receiving the complaint.**
- 2. If this is a civil rights complaint, please check the appropriate category(ies) and sign the form. The form should then be submitted to the Unit Manager for signature and to be sent to Food and Nutrition Services (FNS). The Unit Manger will complete the date sent to FNS.**
- 3. If this is not a civil rights complaint, briefly describe the nature of the complaint. This form should be forwarded to the consultant who will investigate the complaint. The consultant should write the results of the investigation, sign the form and submit to the Unit Manager.**
- 4. The Unit Manager will sign and date the form and will be kept on file.**