

**North Carolina Department of Health and Human Services
Division of Public Health
Nutrition Services Branch
Special Nutrition Program
Summer Food Service 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 the Food and Nutrition
Services_____

If "No," please state the nature of the 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: _____