

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

Civil Rights Complaint Form

Name Sponsor/District

Address (Alleged complaint is against:)

Phone #

Date(s) of Alleged Discriminatory Action:

Nature of Complaint:

Witness(es) {Person(s) Having Knowledge of the Discriminatory Action}:

Name Name

Address Address

Title Title

Name Name

Address Address

Title Title

Basis of Complaint:

- | | | | | | |
|---|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|
| Race | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Reprisal | <input type="checkbox"/> |
| Color | <input type="checkbox"/> | Sex | <input type="checkbox"/> | Political Beliefs | <input type="checkbox"/> |
| National Origin | <input type="checkbox"/> | Gender Identity | <input type="checkbox"/> | Marital Status | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Religion | <input type="checkbox"/> | Familial/Parental Status | <input type="checkbox"/> |
| Income derived from public assistance | <input type="checkbox"/> | | <input type="checkbox"/> | Sexual Orientation | <input type="checkbox"/> |
| Protected genetic information in employment | <input type="checkbox"/> | | <input type="checkbox"/> | | |

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