

Civil Rights Assurance Complaint Form



1. Your name: _____
2. Your address: _____
3. Your telephone: _____
4. E-mail: _____
5. Name and address of person(s) or organizations you are filing a complaint against:

6. Tell what incidents happened that made you feel you had been discriminated against and the dates they occurred. Please attached additional sheets if necessary.

7. State what basis you feel the discrimination exists: RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, or DISABILITY.

8. List names, titles and e-mail/phone number of persons who may have knowledge of the actions given in number 6 above.

Name	Title	E-mail/Phone Number

All complaints, written or verbal, shall be accepted by:

Hawaii Child Nutrition Programs
650 Iwilei Road Suite 270
Honolulu, Hawaii 96818