

**Lockhart ISD
Discrimination Complaint Form**

Complainant Name: _____

Complainant
Address: _____

Complainant telephone number: _____

List other ways to contact the Complainant: _____

Name and address of person(s) or organizations you are filing a complaint against:

Tell what incidents happened that made you feel you had been discriminated against and the dates they occurred.

State on what basis you feel discrimination exists (race, color, national origin, sex, age, or disability).

List names, titles, and addresses of persons who may have knowledge of the actions given in number 6 above.

Name:

Title:

Address:

Date:

All complaints, written or verbal, shall be accepted by the SFA and forwarded to the Food and Nutrition Division, Texas Department of Agriculture.