RUNGE ISD DISCRIMINATION FORM

*To file a complaint, complete this form and submit it to Terry Busch, Cafeteria Manager, All complaints, written or verbal are automatically forwarded to the Texas Department of Agriculture.*

Check if you’d like to remain anonymous

I. Contact Information for Person Submitting the Complaint

*(Please record your name, address, telephone number, and additional information in the spaces below.)*

|  |  |  |
| --- | --- | --- |
| First Name: | Middle Initial: | Last Name: |
| Address: | City, State and Zip Code | Best Telephone Number for You |

Are there other ways we can contact you? (*If yes, list them in the box. Other ways might include an email address or a different telephone number.)*

II. Reason for the Complaint

*(Provided information about the complaint with a as much detail as possible for questions*

*(A-E). Attach additional paper if more space is needed.)*

A. What is the name and address of the entity you are filing the complaint about?

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| --- |
| B. If this complaint is against an individual, enter the person (or persons) name and contact  information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.  N/A- This complaint is not against an individual. |
| C. Describe the complaint with as much detail as possible, including the date and time incident  occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form. |
| D. If there are other people who have knowledge about his event, please provide their names, titles  and address/contact information. *(Attach additional sheets if you need more space.)*  *Name: Title: Address/Contact Information:* |
| E. What is the basis or the type of discrimination you feel occurred? If the complaint is not  based on discrimination. Record a check in the box in front of N/A.  N/A- This complaint is not against an individual.  *(Check the boxes that apply)*  *Race Color National Origin Sex Age Disability* |

Signature of Complainant: Date: