

Leggett ISD Complaint Form

To file a complaint, complete this form and submit it to the Business Manager or the Nutrition Director. 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 contact information below).

First Name

Middle Initial

Last Name

Address, city, state, & zip code

Best Phone Number for you

Are there other ways we can contact you? *If yes, list them above. Other ways might include e-mail or different phone number.*

II. Reason for the Complaint

(Provide information about the complaint with 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?

B. If this complaint is against an individual, enter the person or persons name and contact information below. 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 the incident occurred. If you have any relevant documentation that supports the complaint or allegation, attach that documentation to this form.

- D. If there are other people who have knowledge about this event, please provide their names, titles and address/contact information.

Name	Title	Address/Contact Information

- E. What is the basis or type of discrimination you feel occurred? *If the complaint is not based on discrimination, record a check in the box in front of the N/A.*

☐ N/A – This complaint is not based on discrimination.

(Check all boxes that apply)

☐ Race

☐ Color

☐ National Origin

☐ Sex

☐ Age

☐ Disability

Signature of Complainant

Date

-----The Space Below is to be Completed by the Person Receiving the Complaint -----

Name of Person Receiving the Complaint

☐ Complaint was translated

(Check the box if this form was completed by a person other than the Complainant)

Staff Person Assigned to Address Complaint

Date Forwarded to the Texas Department of Agriculture