

Kansas CSFP Complaint Form

Does this complaint allege discrimination? Yes No

If yes, **STOP** and complete the Kansas CSFP Civil Rights Discrimination Complaint Form. If no, continue by completing this complaint form. Local Agency shall resolve complaint and report actions to State Agency. **Make one (1) copy of this form. Send Original to State; File Copy in Local Agency Complaint File.**

LOCAL AGENCY FILING REPORT INFORMATION

Date Complaint Received by LA: _____ Date Complaint Sent to SA: _____

LA Staff Name & Title who received and is Reporting Complaint: _____

Phone: (____) _____ LA Name: _____

LA Address: _____

PERSON/ORGANIZATION NAMED IN COMPLAINT

Person Named in Complaint: _____

Organization Named in Complaint: _____ Phone: (____) _____

Person/Organization Street Address: _____ City & Zip: _____

COMPLAINANT INFORMATION

Identity of Person/Organization making the complaint: Participant Vendor Staff Other

Complainant Name: _____

Complainant Street Address: _____

Complainant City & Zip Code: _____ Phone (if available) _____

Date of problem: _____ Description of the problem. (Use additional sheets as needed.) _____

(OVER)

LA Action Taken. (Use additional sheets as needed.) _____

Signature/Title/Date: _____

FOR STATE AGENCY USE ONLY.

Staff Agency Staff Assigned: _____ Date: _____

Follow-up (Use additional sheets as needed): _____

Submit original complaint form to State Agency.

Retain a copy of the complaint in agency Complaint File.