



Meal Service Civil Rights Complaint Form

To file a complaint, please complete this form and submit to info@reveprep.org.

All complaints, written or verbal, are automatically documented and copies are forwarded to the Texas Department of Agriculture.

Please check this box if you wish to remain anonymous

I. Contact Information for Person Submitting the Complaint

First Name: _____ Last Name: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: _____ Email Address: _____

II. Reason for the Complaint

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

b. If this complaint is against a specific individual, please provide the person (or persons) name and contact information. If the complaint is not against a specific individual, please select N/A below.

N/A – This complaint is not against a specific individual.

c. Please describe your complaint in detail. Include the date and time of the incident.

If you do not have the exact details, please provide approximate information.

Please attach any relevant documentation to support your complaint or alleged violations.



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d. Witnesses: If there are other individuals who have knowledge about your complaint and/or witness the alleged violations, please provide their names, titles, and contact information.

Please attach additional sheets of paper if more space is needed.

Witness # 1: _____

Witness #2: _____

Witness #3: _____

e. Please identify which civil rights may have been violated in your complaint and/or alleged violation. If this complaint is not based on civil rights, please select N/A below.

N/A – This complaint is not based on a civil rights discrimination.

Please select all areas that apply:

Race/Ethnicity

Sex/Gender

Color

Age

National Origin

Disability

Signature of Complainant: _____

Date: _____

This area to be completed by the person receiving the complaint	
Name of Person Receiving Complaint:	
Date Complaint was Received:	
Complaint was Translated:	<input type="checkbox"/> Check this box if the complaint was received in another language and translated by another person other than the complainant. Language Complaint was Received In: _____
Staff Assigned to Address Complaint:	
Date forwarded to TDA:	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.