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Procedure for Handling Discrimination Complaints

Instructions for Completing Food & Nutrition Complaint Form

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

NSLP CIVIL RIGHTS COMPLAINT OF DISCRIMINATION

IDEA Public Schools

Person(s) Who May Have Knowledge of the Discriminatory Action:

Name _____ Title _____

Address _____

Name _____ Title _____

Address _____

Date Complaint Sent to USDA Regional Director: _____

