



Utah State Board of Education – Child Nutrition Programs  
Program Discrimination Complaint Form

First Name: Middle Initial: Last Name:

Provide Your Full Mailing Address  
Number and Street, PO Box, Road, or Route:

Apartment Number (if applicable):

City, State and Zip Code:

Email Address:

Telephone Number (with area code):

Alternate Telephone (with area code):

Best Way to Reach You (select one)

Mail: Phone: E-mail: Other:

Do you have a representative (lawyer or other advocate) for this complaint?

Yes: No:

If Yes is selected, please provide the following information about your representative:

Representative First Name: Last Name:

Number and Street, PO Box, Road or Route:

Apartment Number:

City, State and Zip Code:

Telephone: Email:

1. Who do you believe discriminated against you? Use additional pages, if necessary.  
Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable):

2. What happened to you? State the date when the alleged discrimination occurred and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. Where did the discrimination occur?  
Address of location where incident occurred:

\_\_\_\_\_

Number, Street, PO Box, Road, Route

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

5. Remedies: How would you like to see this complaint resolved?

6. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes:            No:

If yes, with what agency or court did you file? \_\_\_\_\_

When did you file?    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Month                                      Day                                      Year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Form To:**  
Utah State Board of Education  
Child Nutrition Program  
250 East 500 South PO Box 144200  
Salt Lake City, UT 84114-4200

**Telephone Number:**  
Main: (801) 538-7680  
Fax: (801) 538-7883

OR

**Email a copy to your program contact:**  
<https://schools.utah.gov/cnp/contact>