

CIVIL RIGHTS COMPLAINT REPORT

Alaska WIC Program

1. Complainant Name:

Address:

Telephone #:

2. Local Agency:

3. Date and nature of the incident or action leading to complaint:

4. Basis on which discrimination exists (race, color, national origin, age, sex, or handicap):

5. Name, title, and business address of individuals who may have knowledge of the discriminatory action:

6. Date complaint forwarded to State WIC office:

7. Other information:

Signature/title of Person Completing Report

Date

Signature of Person Filing Complaint

Date

Forward original to State WIC Office. Keep a copy for Local Agency files.

Signature of staff person who examined documents

Date documents were examined