

Robert Lee ISD

1323 W. Hamilton Street

Robert Lee, TX 76945

Robert Lee ISD Discrimination Complaint Form

1. Your Name: _____
2. Your Address: _____
3. Your Telephone: _____
4. List other ways to contact you: _____

5. Name and address of person(s) or organizations you are filing a complaint against:

6. Tell what happened that made you feel you had been discriminated against and the dates that occurred: _____

7. State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).

8. List names, title and addresses of persons who may have knowledge of the actions given in #6 above:
 - a.
 - b.
 - c.
 - d.

Date: _____

All complaints, written or verbal, shall be accepted by the school food authority and forwarded to the Food and Nutrition, Texas Department of Agriculture.