



ST. PETER'S LUTHERAN
SCHOOL

St. Peter's Lutheran School Complaint Form – School Lunch Program

Date of Complaint: ____ / ____ / ____

Time: _____

Location (if applicable): _____

Complainant's Name: _____

Phone Number: _____

Email (if available): _____

Mailing Address: _____

Relationship to Program (e.g., student, parent, staff): _____

Describe the Complaint:

(Include what happened, when it happened, who was involved, and any witnesses.)

Have you previously reported this issue?

☐ Yes ☐ No

If yes, to whom and when? _____

Do you believe this complaint is related to discrimination?

☐ Yes ☐ No ☐ Unsure

If yes, please indicate the basis of alleged discrimination (check all that apply):

☐ Race

☐ Color

☐ National origin

☐ Age

☐ Sex

☐ Disability

Desired Resolution or Outcome:

Signature of Complainant: _____

Date: ____ / ____ / ____

Civil Rights Contact for Indiana Schools

Indiana Department of Education – Office of School and Community Nutrition

Phone: (317) 232-0850

Website: www.doe.in.gov/nutrition

USDA Program Discrimination Complaint Filing:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>

Internal Use Only (To Be Completed by Staff)

Received by: _____

Title: _____

Date Received: ____ / ____ / ____

Method Received: ☐ Verbal ☐ Written ☐ Email ☐ Phone

Immediate Action Taken (if any):

Referred To: ☐ Food Service Director ☐ School Administrator ☐ Civil Rights Coordinator ☐ Other:

Date of Referral: ____ / ____ / ____

Investigation Outcome / Action Taken:

Date Resolution Communicated to Complainant: ____ / ____ / ____

☐ Verbal ☐ Written

Final Status: ☐ Resolved ☐ Unresolved ☐ Referred to State/USDA