



Montana  
**Office of Public Instruction**  
 Denise Juneau, State Superintendent

[opi.mt.gov](http://opi.mt.gov)

**Office of Public Instruction**  
 P.O. Box 202501  
 Helena, MT, 59620-2501  
 (406) 444-3095  
 (888) 231-9393  
 (406) 444-0169 (TTY)  
[opi.mt.gov](http://opi.mt.gov)

**CIVIL RIGHTS COMPLAINT FORM (VERBAL OR WRITTEN)**

All Civil Rights complaints, verbal or written, must be submitted promptly (within 180 days) to:

Office of Public Instruction  
 School Nutrition Programs  
 PO Box 202501  
 Helena, MT 59620-2501  
 Telephone (406) 444-2501  
 Fax (406) 444-2955

The following is the minimum information that must be obtained and reported to School Nutrition Programs. This procedure is in addition to any other procedure established by the Local Educational Agency.

Complainant

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Person taking complaint

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Describe the nature of the incident that led to the complainant to feel discrimination was a factor.

On which factor does the complainant feel discrimination exists: race, color, national origin, sex, age, or disability?

Person who may have knowledge of the discriminatory action or the circumstances surrounding the incident

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

What are the dates the alleged discriminatory actions occurred, or if continuing, the duration of such actions?

What corrective action (if any) has the Local Educational Agency taken to resolve the complaint? Has the complaint been resolved successfully?