LODI UNIFIED SCHOOL DISTRICT

Exhibit 3555

Nutrition Services Civil Rights

Complaint Form

The purpose of this form is to assist you in filing a complaint with the Civil Rights coordinator, verbally or written. You are not required to use this form. A letter with the same information is sufficient; however, the information that is requested for the items marked with a (*) must be provided, whether or not the form is used. If you need help completing this form, please call 209-331-7121.

*State your name, address and to	elepnone number:		
Name:			
Address:	City:	Zip Code:	
Telephone Number:	Alternate Telephone:		
*Person or persons discriminate	d against, if different from above	e:	
Name:			
Address:	City:	Zip Code:	
Telephone Number:	Alternate Telephone:		
*Location or department or prop	gram that discriminated:		
Name:			
Any individual, if known:			
Address:	City:	Zip Code:	
Telephone Number:	Alternate Telephone:		
*Nature of the complaint:			

*Names, titles, and if known, address(s) of person(s) who may have knowledge of the discriminatory action or situation:

Name:		
Address:	City:	Zip Code:
Telephone Number:	Alternate Te	elephone:
*Date(s) that the alleged discrimina	tion occurred and/or the dura	tion of such action:
Date(s):	Duration: _	
Date(s):	Duration: _	
Date(s):	Duration: _	
Date(s):	Duration:	
Officer, Civil Rights Coordinator at 1 of Education, Nutrition Services Divi Room 1500, Sacramento, CA 95814-2 Department of Education, Nutrition S Signature of Complainant:	sion, Civil Rights Program Com 2342. The complaint will then I	plaint Coordinator, 1430 N Street, be reported to the California
Complaint Procedure:	nt Received by Sponsor	
	or Written)	
Civil Rights Complaint Do	ocumented in Civil Rights Complaint	t Log
	nant Civil Rights Complaint Form and Rights Complaint Form with comp	
If Complaine	ant Returns Civil Rights Complaint F	Form to Sponsor
•Sponsor forwa	ards Civil Rights Complaint Form to Programs within 3 working day	

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."