**Attachment B: Complaint notification form for complaints alleging discrimination**

1. Name, address, telephone number of complainant(s):

1. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:

1. Type of discrimination alleged.

1. Describe the alleged discrimination, including the dates it happened. Give names and contact information of any witnesses:

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1. Give a summary of the investigation findings, including any corrective action ordered:

**Regarding Human Services Complaints:**

**AUTHORITY:** U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1

**REQUIREMENT:** County human service agencies must notify the DHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

**ACTION REQUIRED:**

Complete this form and send it to the DHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

**CONTACT INFORMATION: DHS Civil Rights Coordinator**

Minnesota Department of Human Services Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3034 (voice) or use your preferred relay service

651-431-7444 (fax)

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