

BUREAU OF EQUAL OPPORTUNITY DEVELOPMENT
FOOD STAMP PROGRAM CIVIL RIGHTS VIOLATION COMPLAINT FORM

Client Name: _____ Food Stamp Case No: _____

DSS Location/address: _____

Telephone: _____

Basis for complaint: _____

Date of Complaint: _____ Acknowledged (date): _____

File opened on (date) _____

If necessary, inactive period, from (date) _____ to (date) _____

Reason: _____

Written complaint and all documentation received (date) _____

LSSD Investigation began (date) _____

Staff assigned: _____ Telephone: _____

Determination:

Complaint Unsubstantiated/Dismissed _____ Client notified _____ Date _____

Complaint Substantiated/Resolution Reached _____ Client notified _____ Date _____

Complaint Referred to NYS DTA & EOD for Investigation:

Client notified _____ Date _____

Complaint referred _____ Date _____