

**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 \_\_\_\_\_