



**NEW HAVEN YOUTH AND FAMILY SERVICES, INC**  
**COMPLAINT FORM**

(completion of this form is NOT a prerequisite to filing a complaint)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**To be checked by Complainant:**

Parent/Guardian    Student    Employee    Other \_\_\_\_\_

**A. SITE OF ALLEGED VIOLATION:** \_\_\_\_\_

Address, if known: \_\_\_\_\_

**B. CIRCLE COMPLAINT TYPE:**

CIVIL RIGHTS COMPLAINT   or   PROGRAM COMPLAINT

**C. ADDITIONAL INFORMATION**

Please describe the issue of your complaint in detail, including the date the problem occurred. You may attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This complaint must be filed with the Human Resources Director at the address listed below. Complaints alleging unlawful discrimination shall be initiated not later than six months from the date the alleged discrimination occurred, or the date the complainant first obtained knowledge of the facts of the alleged discrimination.

<p>Human Resources Director  <b>New Haven Youth and Family Services, Inc.</b>  216 W. Los Angeles Drive  Vista, CA 92084  (760) 630-4035  or  candrews@newhavenyfs.org</p>	<p>If you do not wish to file a complaint with New Haven,  you may write, email, or verbally contact:  NSD Civil Rights &amp; Program Complaint Coordinator  CA Dept of ED – Nutrition Services Division  1430 N Street, Room 1500  Sacramento, CA 94814-2342  916-445-0850 or 800-952-5609  or shrodes@cde.ca.gov</p>
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**For Office Use Only**

Complaint received by: \_\_\_\_\_  
*Name and Title* *Date*

Action Taken:

By: \_\_\_\_\_ Date: \_\_\_\_\_

To file a complaint of discrimination on the basis of age, sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, you may also contact USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272.