**SPONSOR : CIVIL RIGHTS COMPLAINT LOG**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sponsor Name: FY** | | | | | | | | | |
| Date complaint received | Name of person who took complaint | Name and address of complainant | Explanation of event - include date of incident (use additional sheets if needed) | Type of Discrimination (circle one) | Date HCNP notified | Date instructions or other information rec'd from HCNP | Date(s) investigation took place | Who investigated? | Date complaint resolved |
|  |  |  |  | Race/Color National Origin Sex  Age  Disability |  |  |  |  |  |
|  |  |  |  | Race/Color National Origin Sex  Age  Disability |  |  |  |  |  |
|  |  |  |  | Race/Color National Origin Sex  Age  Disability |  |  |  |  |  |
|  |  |  |  | Race/Color National Origin Sex  Age  Disability |  |  |  |  |  |

This institution is an equal opportunity provider.

Revised 06/01/2016