

CACFP

Child and Adult Care Food Program

Civil Rights Complaint Form

Site Name	Date of Report	
Address		
Person Reporting Incident		
Contact Information		
Date of Incident	Time of Incident	
Please describe the incident below:		

Send a copy of this form to Food Bank of Alaska, Attn: Program and Agency Relations Coordinator 2121 Spar Avenue, Anchorage, AK 99501.

