PENTAB ACADEMY
PRAYERFULLY PROVIDING EDUCATION AND NURTURING TEACHING ACADEMICS WITH A BIBLICALLY BASED FOUNDATION

National School Lunch Program
Civil Rights Complaint of Discrimination Form

Complainant Name: _____

Street Address, City, State, Zip: _____

Phone Number & Email Address: _____

Date of Alleged Discrimination: _____

Location of Incident: PenTab Academy, 18415 NW 7th Ave, Miami Gardens, FL 33169

Basis of Alleged Discrimination:

[ ] Race [ ] Color [ ] National Origin [ ] Sex [ ] Age [ ] Disability

Accused Parties (if known): _____

Detailed Description of Incident:
Explain in detail what happened and how the discrimination occurred. State who was involved and how other students or persons were treated differently (attach additional pages if necessary):

_____

_____

_____

Administrative Use Only:

Date Form Received by PenTab Staff: _____

Name of Staff Member Receiving Form: _____

Date Forwarded to FDACS & USDA: _____

Method of Submission: [ ] Email [ ] Mail