Training on the Special Milk Program civil rights requirements is annually required for all agency personnel who interact with program participants as well as those who supervise these staff. This form may be used for documenting staff attendance at annual required Special Milk Program civil rights trainings.

**Please retain a copy of the *Special Milk Program Civil Rights Training* or materials used for completing this annual civil rights training along with this completed form.**

[**Special Milk Program Civil Rights Training**](https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/ns_smp_civil_rights_training.pdf)

**Instructions:** Complete the information below to document civil rights training.

**Date of Training** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Name/Location of Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of Attendees** | **Signature of Attendees** |
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