



# Agency Online Training: Civil Rights

North Carolina Department of Agriculture and Consumer Services

Food Distribution

Agency Name: \_\_\_\_\_

Completions Date of Training: \_\_\_\_\_

Attendees of Training:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Keep this training record on file for 5 years / If additional attendees, print another copy of this form