



**CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

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**NAME OF COMPLAINANT:** \_\_\_\_\_  
**WIC ID #** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**NAME AND TITLE OF PERSON/PERSONS RESPONSIBLE FOR DISCRIMINATION:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_

**PLEASE INDICATE BASIS FOR DISCRIMINATION:**  
 RACE \_\_\_ COLOR \_\_\_ AGE \_\_\_  
 SEX \_\_\_ NATIONAL ORIGIN \_\_\_ DISABILITY \_\_\_

Reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**PLEASE DESCRIBE BRIEFLY THE BASIS OF YOUR COMPLAINT:**

**NAMES/ADDRESSES/PHONE NUMBERS OF ANY WITNESSES:**