

## PROGRAM DISCRIMINATION COMPLAINT FORM

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address (If You Have One): \_\_\_\_\_

Telephone Number, Starting With Area Code: \_\_\_\_\_

Alternate Telephone Number, Starting With Area Code: \_\_\_\_\_

Best Time of Day to Reach You: \_\_\_\_\_

Best Way to Reach You (Check One):      Mail \_\_\_\_\_      Phone \_\_\_\_\_      E-Mail \_\_\_\_\_      Other: \_\_\_\_\_

Do you have a representative (lawyer or other advocate) for this complaint?      Yes \_\_\_\_\_      No \_\_\_\_\_

If **Yes**, please provide the following information about your representative:

First Name: \_\_\_\_\_      Last Name: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_      E-Mail: \_\_\_\_\_

1. Who do you believe discriminated against you? Use additional pages, if necessary. Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): \_\_\_\_\_

Please check (✓) the United States Department of Agriculture (USDA) agency below that conducts the program or provides federal financial assistance for the program (if known):

- |  |  |
|--|--|
| <input type="checkbox"/> Farm Service Agency | <input type="checkbox"/> Food and Nutrition Service            |
| <input type="checkbox"/> Rural Development   | <input type="checkbox"/> Natural Resource Conservation Service |
| <input type="checkbox"/> Forest Service      | <input type="checkbox"/> Other: _____                          |

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: \_\_\_\_\_  
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

[Empty box for multiple dates]

4. Where did the discrimination occur?

Address of location where incidence occurred:

\_\_\_\_\_  
Number and Street, P O Box, or RD Number

\_\_\_\_\_  
City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my:

[Empty box for reasons of discrimination]

6. Remedies: How would you like to see this complaint resolved?

[Empty box for remedies]

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, with what agency or court did you file? \_\_\_\_\_

When did you file? \_\_\_\_\_  
Month Day Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed Form to:

USDA  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Stop 9410  
Washington, D.C. 20250-9410

E-Mail Address:  
program.intake@usda.gov

**Telephone Numbers:**  
Local Area: 202-260-1026  
Toll-Free: 866-632-9992  
Local or Federal Relay: 800-877-8339  
Spanish Relay: 800-845-6136  
Fax: 202-690-7442