

### Civil Rights Complaint Form

The purpose of this form is to assist you in filing a complaint with the\_\_\_\_\_. You are not required to use this form; a letter with the same information is sufficient. However, the information requested is the items marked with a star(\*) must be provided, whether or not the form is used.

1. State your name, address, and telephone number:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number : \_\_\_\_\_ Work: \_\_\_\_\_

2. \*Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

3. \*Agency and department or program that discriminated:

Name of Agency or Department: \_\_\_\_\_  
Name of Individual (if known): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

4. \* Nonemployment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., Race: African American or Sex: Female)

Race/Color : \_\_\_\_\_  
National Origin: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Religion : \_\_\_\_\_  
Age: \_\_\_\_\_  
Disability: \_\_\_\_\_

\*Employment: Does your complaint concern discrimination in the employment by the department or agency? If so, please indicate below the basis on which you believe these discriminatory actions were taken (e.g., Race: African American or Sex: Female).

Race/Color: \_\_\_\_\_  
National Origin: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Age: \_\_\_\_\_  
Disability: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

6. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

7. \*To the best of your recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: \_\_\_\_\_  
Most recent date of discrimination: \_\_\_\_\_

8. Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



11. Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for information to support or clarify your complaint.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

12. Do you have any other information that you think is relevant to our investigation of your allegations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

13. What remedy are you seeking for the alleged discrimination?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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15. Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following

- \_\_\_\_\_ US Equal Employment Opportunity Commission
- \_\_\_\_\_ Federal or State Court
- \_\_\_\_\_ Your State or Local Human Relations/Rights
- \_\_\_\_\_ Commission Grievance or complaint office

16. If you have already filed a charge or complaint with an agency indicated in #15, please provide the following information {attach additional pages if necessary):

Agency:

Date Filed:

Case or Docket Number:

Date of Trial/Hearing:

Location of Agency/Court :

Name of Investigation:

Status of Case:

Comments:

17. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Food and Nutrition Service funds or assistance received by the program or department in the which the alleged discrimination occurred, please provide that information below.

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\*We cannot accept a complaint that has not been signed. Please sign and date this complaint form below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you (if you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person). See the Notices about Investigatory Uses of Personal Information about the Consent form. Please mail the completed and signed Discrimination Complaint Form and the signed Consent Form to:

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

18. How did you learn you could file this complaint?

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Complaint Consent/Release Form

Your Name: \_\_\_\_\_

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

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which is gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand the as a complainant I am protected by Federal regulations form intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination status enforced by the Federal government.

CONSENT /RELEASE

\_\_\_\_\_  
Initial on line above if  
you give consent.

CONSENT GRANTED-I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution . I hereby authorize FNS to receive material and information about me pertinent to the investigation of my complaint. This release includes but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

\_\_\_\_\_  
Initial on the line above  
if you give consent

CONSENT DENIED-I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases impossible, and may result in the investigation being closed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date