

## Civil Rights Complaint Form

1. State your name and address:

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

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

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

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

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

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

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

3. Agency and department or program that discriminated:

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

Any individual if known: \_\_\_\_\_

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

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

4. **Nonemployment:** Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the United States Department of Agriculture, State Agency, or the School Food Authority in its treatment of you or others? If so, please indicate below the base(s) 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 employment by the United States Department of Agriculture, State Agency, or School Food Authority? If so, please indicate the base(s)

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

Earliest date of discrimination: \_\_\_\_\_

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

6. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

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

7. Your complaint cannot be accepted if it 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.

Your consent is needed to disclose your name, if necessary, in the course of any investigation. Therefore, please sign the Consent Form. (If you are filing this complaint for a person whom you allege has been discriminated against, the signed Consent Form needs to be from that person.) Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Agriculture  
Food & Nutrition Service  
Civil Rights Division  
3101 Park Center Drive, Room 942  
Alexandria, VA 22302  
(703) 305-2195