

## U.S. Department of Agriculture USDA Program Discrimination Complaint Form

<b>Complainant Information</b>		
First name	Middle Initial	Last Name
Mailing Address (Include Full City, State and Zip Code)		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other		
If you have difficulty understanding the English language, you may request language assistance services by calling 866-632-9992. Assistance will be available for individuals who are not proficient in English. Persons with disabilities who require alternative means of communication (e.g., braille, large print, American Sign Language) should contact the responsible State or local Agency that administers the program or contact the United States Department of Agriculture (USDA) through the Federal Telecommunications Relay Service at 711 (voice TTY).		
<b>Representative Information</b>		
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name	Last Name	
Mailing address (Include Full City, State and Zip Code)		
Phone	Email	
<b>Complaint Information</b>		
<i>(attach additional pages and supporting documentation as needed)</i>		
1. Provide the name of the program you applied for (if known/applicable).		
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> Agricultural Marketing Service, AMS <input type="checkbox"/> Foreign Agricultural Service, FAS/Trade and Foreign Agricultural Affairs, TFAA <input type="checkbox"/> Food and Nutrition Service, FNS <input type="checkbox"/> Forest Service, FS <input type="checkbox"/> Farm Service Agency, FSA <input type="checkbox"/> National Institute of Food and Agriculture, NIFA <input type="checkbox"/> Natural Resources Conservation Service, NRCS <input type="checkbox"/> Rural Development, RD <input type="checkbox"/> Other <input type="checkbox"/> Unknown		
3. Date of recent alleged discrimination (mm/dd/yyyy)	4. Location and/or address of the office where discrimination occurred	
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).		

## U.S. Department of Agriculture USDA Program Discrimination Complaint Form

6. What happened to you (please include dates of each allegation)?

7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex including gender identity and expression, sexual orientation, disability, age, marital status, 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:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Race               | <input type="checkbox"/> Sex                          | <input type="checkbox"/> Marital Status                            |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity (Expression) |  |
| <input type="checkbox"/> Color              | <input type="checkbox"/> Disability                   | <input type="checkbox"/> Family/Parental Status                    |
| <input type="checkbox"/> National Origin    | <input type="checkbox"/> Age                          | <input type="checkbox"/> Income from Public Assistance             |
| <input type="checkbox"/> Political Beliefs  | <input type="checkbox"/> Religion                     | <input type="checkbox"/> Retaliation (prior civil rights activity) |

### Remedies

8. How would you like to see this complaint resolved?

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

10. If yes, with what agency or court did you file?

11. If yes, when did you file?  
(mm/dd/yyyy)

Complainant Signature

Date

Representative Signature

Date