PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a ‘good cause’ explanation for the delay. For example, you may have “good cause” if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;

2. You were seriously ill or incapacitated;

3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination 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).
USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture’s Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

**REPRISAL (RETAIATION) PROHIBITED:**
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.
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 the 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: ______________________ 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 USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency □ Food and Nutrition Service □
Rural Development □ Natural Resource Conservation Service □
Forest Service □ 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:


4. Where did the discrimination occur?
   Address of location where incident occurred:
   ____________________________
   Number and street, PO 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


4
6. Remedies: How would you like to see this complaint resolved?


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 Ave, 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