



CIVIL RIGHTS COMPLAINT PROCEDURE

In accordance with Federal law and U.S. Department of Agriculture (USDA) Civil Rights regulations and policies, Families & Children Together, Inc is prohibited from discriminating based on:

Name of Institution

- **Race**
- **Color**
- **National origin**
- **Sex (including gender identity and sexual orientation)**
- **Religious Creed**
- **Age**
- **Disability**
- **Political Beliefs**
- **Reprisal or retaliation for prior civil right activity (Not all prohibited bases apply to all programs).**

Program information may be made available in languages other than English. Person with disabilities who require alternative means of communication for program information (e.g., Braille, larger print, audiotope, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's Target Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at [USDA Discrimination Complaint Form](#), from any USDA office by calling toll-free **(866) 632-9992**, or by writing a letter addressed to USDA.

Mail: U.S. Department of Agriculture
Office of Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Email: program.intake@usda.gov
FAX: (833) 256-1665

A written description of the alleged discriminatory action in sufficient details to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3207 form or letter must be submitted to USDA. The letter must contain:

- **Complainant's Name**
- **Address**
- **Telephone Number**

Non-discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.





OMB Control Number 0508-0002

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
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 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

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