

## Discrimination Complaint Form

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. However, the information requested on this form must be provided, whether or not the form is used.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Name and address of person(s) or organizations against whom you are filing a complaint.

\_\_\_\_\_

Tell what incidents happened that made you feel you had been discriminated against, the dates they occurred, or if continuing, the duration of such actions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the names, titles and addresses of persons who may have knowledge of the above-described incidents.

Name

Title

Address

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

State on what basis you feel discrimination exists (race, color, national origin, sex, age or disability).

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Submit your completed form or letter to USDA by:

Mail: 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).

This institution is an equal opportunity provider.