



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):

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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: _____

What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

2. When did the discrimination occur?

Date: _____
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

3. Where did the discrimination occur? Address of location where incident occurred:

Number and street, PO Box, or RD Number

City

State

Zip Code

4. 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

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

6. 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

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.