

Discrimination Complaint Form

Your Name: _____

Your Address: _____

Your Telephone Number: _____

List other ways to contact you: _____

Name and address of person(s) or organization(s) you are filing a complaint against:

Tell what incidents happened that made you feel you have been discriminated against, the dates/times 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). _____

All complaints written or verbal, shall be accepted by the CNP and forwarded to: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Stop 9410, Washington, DC 20250-9410 or call (866) 632-9992 or (800) 877-8339 (TTY). USDA is an equal opportunity provider and employer.

Name of individual receiving complaint: _____

Date and time complaint received: _____