

DISCRIMINATION COMPLAINT FORM

Your Name: _____ Date: _____

Your Address: _____

Your Telephone: _____

List other ways to contact you:

Name and address of person(s) /organizations you are filing a complaint against:

Tell what happened that made you feel you had been discriminated against and the dates that occurred.

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

List name, titles, and address of persons who may have knowledge of the actions given.

NAME

TITLE

ADDRESS

Date the discrimination took place. _____

Please mail completed form and mail to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (Voice and TDD) USDA is an equal opportunity provider and employer.