



U.S. DEPARTMENT OF AGRICULTURE

USDA PROGRAM DISCRIMINATION COMPLAINT

A person must file a program discrimination complaint within 180 days of being aware that an action, inaction or decision by a USDA agency or employee may have been discriminatory.

YOUR NAME	ADDRESS
HOME TELEPHONE NO.	
OFFICE TELEPHONE NO.	
APPROPRIATE TIME TO CALL	

USDA AGENCY

I believe that I was treated differently because of the following:
 (Check all which apply - not all bases apply to all programs)

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Income derived from public assistance |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Reprisal |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Marital status | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Family status | |
| <input type="checkbox"/> Religion | | |

REPRISAL POLICY: No agency, officer, employee or agent of USDA, including persons representing USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or commit or seek reprisal against anyone who participates in any aspect of the discrimination complaint process.

MAIL COMPLETED FORM TO:

USDA, Director, Office of Civil Rights
 Room 326-W, Whitten Building
 14th & Independence Avenue, S.W.
 Washington, D.C. 20250-9410

(202) 720-5964 (Voice and TDD)

TURN PAGE OVER

USDA is an equal opportunity provider and employer.

ALLEGATION 1: WHAT HAPPENED? (Add additional pages if necessary.)

WHEN	WHERE
WHO WAS INVOLVED	WITNESS

ALLEGATION 2: WHAT HAPPENED? (Add additional pages if necessary.)

WHEN	WHERE
WHO WAS INVOLVED	WITNESS

ALLEGATION 3: WHAT HAPPENED? (Add additional pages if necessary.)

WHEN	WHERE
WHO WAS INVOLVED	WITNESS

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0508-0001. The time required to complete this information collection is estimated to average 1 hour response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SIGNATURE	DATE
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