

Indiana Women, Infants, and Children (WIC) Civil Rights 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: _____

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):

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

3. When did the discrimination occur (date)? _____

4. Where did the discrimination occur (location, address, city, state)? _____

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

I believe I was discriminated against based on my:

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

Signature: _____ Date: _____

Mail Completed Form To Either:

**U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Director, Office of Adjudication
1400 Independence Ave., SW
Washington, D.C. 20250-9410**

**email: program.intake@usda.gov
fax: (202) 690-7442**

**IN State Department of Health
WIC Program
2 N. Meridian St, 5th Floor
Indianapolis, IN 46204**

**E-mail: inwic@isdh.in.gov
Fax: 317-233-5609
Voice: 317-233-5610**

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.