



Civil Rights Discrimination Complaint Form

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs 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, audiotape, 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.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

1. Name and Address of Complainant:

Telephone Number:

2. List the person(s) responsible for discrimination:

Name and address

Agency or organization

--	--

3. Which of the following best describes why you believe you were discriminated against or harassed? (Double click on box to get menu to check the box)

Age Race Color Disability National Origin Religion

Sex Political Beliefs Reprisal Other_____

4. Is this complaint regarding the Supplemental Nutritional Assistance Program(Food Stamps)?

Yes No

5. Please indicate the last date the discrimination took place:

Item #5 to be completed by Complainant

6. Please describe briefly the basis of your complaint:

7. List any witnesses you believe may have direct knowledge of your allegation that we may contact for additional information to support or clarify your complaint.

Name

Address

Telephone Number

--	--	--

Signature (Optional)

Click here to enter text.

Date

NONDISCRIMINATION COMPLIANCE

INSTRUCTIONS FOR COMPLETING THE IG-CR-3

1. Complaint may be made by letter, telephone or in person, and must be filed within 180 days of the incident.
2. Employees who receive civil rights complaints must complete the IG-CR-3.
3. If the complainant is available and agrees, the form should be signed. However, a signature is not required.
4. Send the original to the West Virginia Department of Health and Human Resources, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301.
5. A copy of the IG-CR-3 must be kept in the case file.
6. For Food Stamp/SNAP-Only complaints, send a copy of the form to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. A written response to the complaint will be sent to the complainant and the originating office.