WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

DATE _____

COMPLAINANT'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ SS #: _____

BASIS OF COMPLAINT: _____
(Race, Color, Disability, Sex, Age, National Origin, Religion or Political Affiliation)

NAME AND LOCATION OF AGENCY AGAINST WHOM COMPLAINT IS FILED:

_____

_____

DESCRIPTION OF ALLEGED DISCRIMINATION: _____

_____

_____

_____

_____

DATE OF ALLEGED DISCRIMINATION: _____

COMPLAINANT (Signature if available): _____

ACCEPTED BY (Signature): _____

Send this form within five (5) working days of the date the complaint is received to the West Virginia Department of Health and Human Resources, Office of Inspector General, State Capitol Complex, Building 6, Room B-817, Charleston, WV 25305. **For Food Stamp benefits send** a copy to the Regional Civil Rights Director, Food and **Nutrition** Services, Mercer Corporate Park, 300 Corporate Boulevard, Robbinsville, New Jersey 08691-1598. For Social Service Programs, **WV WORKS, Food Stamp benefits** and Medicaid Programs, it is optional to send a copy to the Secretary, Department of Health and Human Services, Washington, DC 20201

INSTRUCTIONS ON BACK

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 Inspector General, State Capitol Complex, Building 6, Room B-817, Charleston, West Virginia 25305.

5. **A copy of the IG-CR-3 must be kept in the case file.**

6. For Food Stamps Only complaints, send a copy of the form to **the** Regional Civil Rights Director, Food and **Nutrition** Services, USDA, Mercer Corporate Park, 300 Corporate Boulevard, Robbinsville, New Jersey 08691-1598.

7. **A written response to the complaint will be sent to the complainant and the originating office.**