

USDA CIVIL RIGHTS COMPLAINT

1. This USDA Civil Rights complaint form that is filled out and turned in to the TDA
2. EPFH will contact the Agency/Client to gather information about the alleged incident
3. Complaints may result in an unannounced Agency site visit
4. After a full investigation, EPFH will take corrective action, if necessary
5. The conclusions of the investigation will be sent to the Agency, in writing, and placed in its file

Final Decision:

Any necessary and appropriate actions will be taken to correct any bad practices or behavior, which will be determined on a case by case basis. If it is concluded that the Agency was not in the wrong, the complaint will be dismissed.

Agency Complaints:

If your Agency has recurring problems with a client, please notify EPFH so that we are aware of the situation. We may be able to help or advise how to best handle the problem.

Retaliation:

EPFH has a zero-tolerance policy against retaliation of any kind. A client will not be discriminated against, harassed, or suffer any reprisals as a result of filing a grievance.

United States Department of Agriculture:

Submitting the complaint may require disclosure of personal information. Civil Rights Complaints should be filed directly with the USDA. The information is listed at the end of this form.

Agency Name _____ Agency ID # _____

Date of Occurrence _____ Date Complain is Filed _____

Complainant Name _____

Complainant Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____



Which protected class do you feel was violated? (check all that apply)

Color		National Origin	
Race		Disability	
Age		Sex	

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Be sure to include how you were treated differently from others. (Please attach another sheet if necessary.)

Please list any witnesses, if known, whom we may contact for additional information regarding this grievance.

Name	Phone Number

What is the most convenient time for us to contact you regarding this complaint?

Morning

Afternoon

Evening

What remedy are you seeking for this complaint?

Is this the first time you have had a complaint about this agency? Yes No

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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.

Printed Name of Person Filing Complaint

Signature of Person Filing Complaint

Date Received