

Project Name _____
Project Phone _____
Mailing Address _____
City, State, Zip _____

**WIC PROGRAM
CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

This form may be used for WIC Farmers' Market Nutrition Program (FMNP) purposes.
Participation in WIC is voluntary. Personally identifiable information is used to determine WIC eligibility and may be disclosed to others only as allowed by state and federal laws.

Guardian's Name _____
Address _____
City, State, Zip _____

In accordance with Federal law and U.S. Department of Agriculture policy, WIC is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you think you have been discriminated against, please complete this form and send it to:

USDA, Director, Office of Adjudication
1400 Independence Avenue, SW,
Washington, D.C. 20250-9410 -OR-
or call toll free (866) 632-9992 (Voice)
Federal Relay Service at (800) 877-8339;
or (800) 845-6136 (Spanish).

USDA is an Equal Opportunity Provider and Employer

Your name: _____

Your address: _____

Telephone number where you can be contacted: _____

E-mail address (if available): _____

Name and title of person you believe discriminated against you: _____

Address: _____

Date of discrimination: _____

Check the type of discrimination: race ___ color ___ national origin ___ sex ___ age ___ disability ___

Please describe what happened: _____

Name and address of any witnesses: _____

Your signature: _____

Date: _____