



Nondiscrimination/Equal Opportunity  
(Civil Rights Complaint Form)

Date: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What happened to you? Please include date, location and any supporting documentation that would help show what happened.

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2. Who do you believe discriminated against you? Name(s) of individual(s) allegedly engaging in prohibited conduct:

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3. Name(s) of witness(es) to alleged prohibited conduct:

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4. It is a violation of the law to discriminate against you based on the following: race, color natural origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. I believe I was discriminated against based on my:

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5. Your suggestions regarding resolving the complaint:

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6. Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint.

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Please complete form and submit to District Contact within 180 days of the alleged discriminatory action. Forms can be submitted via email address or through US mail to SFA address.

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Signature of complainant

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Date

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Signature of person receiving complaint

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Date

Please complete form and submit to District Contact within 180 days of the alleged discriminatory action. Forms can be submitted via email address or through US mail to SFA address.

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 the 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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through 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](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) U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).