**Civil Rights Discrimination**

**Complaint Form**

**In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion and/or political beliefs.**

**To file a complaint alleging discrimination in the Supplemental Nutrition Assistance Program (SNAP), write USDA, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.**

**Complaints can also be sent to Regional Director, Civil Rights, 300 Corporate Blvd, Mercer Corp Park, Robbinsville NJ 08691.**

**For complaints against Social Service Programs, WV Works, and Medicaid Programs, you may also send a copy of the complaint to the DHHR EEO Officer, Employee Management, One Davis Square Suite 400, Charleston, WV 25301 and the U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-911**

1. Name and Address of Complainant Telephone Number

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

Name and address Agency or organization

1. 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

1. Please indicate the last date the discrimination took place

**Item #5 to be completed by Complainant**

1. PLEASE DESCRIBE BRIEFLY THE BASIS OF YOUR COMPLAINT:

1. 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

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Optional) Date