UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights
Program Discrimination Complaint Form

First Name: ___________ Middle Initial: _____ Last Name: ___________

Mailing Address: ____________________________________________________

City: _______________ State: ___________ Zip code: _______________

E-mail address (if you have one): ________________________________

Telephone Number starting with area code: __________________________

Alternate Telephone Number starting with area code: ____________________

Best Time of the Day to Reach You ________________________________

Best Way to Reach You, (check one): Mail ___ Phone ___ E-mail ___ Other: ______

Do you have a representative (lawyer or other advocate) for this complaint? Yes ___ No —

If yes, please provide the following information about your representative:

First Name: _______________ Last Name: ____________________________

Address: ___________________ City: ___________ State: _____ Zip Code: ______

Telephone: ___________________ E-mail: ____________________________

1. Who do you believe discriminated against you? Use additional pages, if necessary.

   Name(s) of person(s) involved in the alleged discrimination (if known):


Please name the program you applied for (if known/if applicable): ____________
Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency ☐ Food and Nutrition Service ☐
Rural Development ☐ Natural Resource Conservation Service ☐
Forest Service ☐ Other: ______________________

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.


3. When did the discrimination occur?
   Date: _______ _______ _______
   Month Day Year
   If the discrimination occurred more than once, please provide the other dates:


4. Where did the discrimination occur?
   Address of location where incident occurred:

   Number and street, PO Box, or RD Number

   City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

   I believe I was discriminated against based on my

   ____________________________________________
6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?
Yes: ______ No: ______
If yes, with what agency or court did you file? ____________________
When did you file? _______ _______ _______
    Month     Day     Year

Signature: ___________________________    Date: ___________________________

Mail Completed Form To:
USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

E-mail address: program.intake@usda.gov

Telephone Numbers:
Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442