Discrimination Complaint Filing

Filing a Discrimination Complaint as a USDA Customer

USDA prohibits discrimination against its customers. If you believe you experienced discrimination when obtaining services from USDA, participating in a USDA program, or a program that receives financial assistance from USDA, you may file a complaint with USDA. OASCRR, through the Office of Adjudication, will investigate and resolve complaints of discrimination in programs operated or assisted by USDA.

USDA prohibits discrimination on the bases of race, color, religion, sex, age, national origin, marital status, sexual orientation, familial status, disability, limited English proficiency, or because all or a part of an individual's income is derived from a public assistance program, in programs that receive Federal financial assistance from USDA, discrimination is prohibited on the bases of race, color, religious creed, sex, political beliefs, age, disability, national origin, or limited English proficiency. (Not all bases apply to all programs.) Retaliation is prohibited based on prior civil rights activity.

To file a program discrimination complaint, please complete the USDA Program Discrimination Complaint Form. You or your authorized representative must sign the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. Employment civil rights complaints will not be accepted through this email address.

Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.), should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Send your completed complaint form or letter to us by mail, fax, or email. Here are our addresses and fax number:

Mail
U.S. Department of Agriculture
Director, Office of Adjudication
1401 Independence Avenue, SW
Washington, DC 20250-9410

Fax
(202) 690-7442

E-mail
program.intake@usda.gov

For help filling out the form, you may call any of these telephone numbers:

(202) 260-1026 (Local)
(866) 632-8692 (Toll-free Customer Service)
(800) 877-8339 (Local or Federal Relay)
(866) 377-8642 (Relay voice users)

Click on the topics below for detailed information.

How do I request a waiver of the 180-day filing deadline?

Whom may I contact for further information on filing a program discrimination complaint?

How is my discrimination complaint processed?

How do I request a waiver of the 180-day filing deadline?

A waiver may be granted for the following reasons: (1) the discriminatory act could not reasonably be expected to be known within the 180-day period; (2) illness or incapacitation; (3) the same complaint was filed with another Federal, state, or local agency; and (4) any other basis determined by the Director of the Office of Adjudication.

Whom may I contact for further information on filing a program discrimination complaint?

You may contact the Office of Assistant Secretary for Civil Rights, Information Research Service, at (866) 632-8692 (toll free) or (202) 260-1026 or send an email to the Office of the Assistant Secretary for Civil Rights at CR-INF@ascr.usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities, may contact us through the Federal Relay Service on (800) 877-8339 or (800) 845-6132 (Spanish).

How is my discrimination complaint processed?

A USDA program discrimination complaint does not waive or toll requirements for filing a lawsuit. Complainants are advised that they may wish to consult a lawyer at their earliest convenience to ensure that their rights are protected and preserved.

Intake Stage
The first stage of the program discrimination complaint process is the intake stage. At this stage, the Office of
Adjudication determines whether your complaint meets the legal requirements to be accepted for processing. Prior to making this determination, the Office of Adjudication may request clarification or additional information about the complaint from you. For more information about what must be included in your complaint, read How To File A Program Discrimination Complaint.

If your complaint is not accepted for processing, the Office of Adjudication will send you a letter notifying you why your complaint was not accepted and your complaint will be dismissed. If appropriate, your dismissed complaint may be referred to an agency or forum that may assist in resolving the issues. In this case, you will also be notified of the referral.

If your complaint is accepted for processing, the Office of Adjudication will send you a letter notifying you of the acceptance and inform you of the issues that will be investigated. The USDA agency that your complaint is against will be required to prepare a written statement giving their position regarding your complaint. After the agency's position statement is received, the case will be sent to the next stage, investigation.

Investigation Stage
During the investigation stage, the Office of Adjudication will assign an investigator to the complaint. The investigator will contact you, any agency employees involved, and any other appropriate individual, to obtain sworn statements and documents relating to the issues in the complaint. After the complaint is investigated, a Report of Investigation is prepared and the complaint is sent to the next stage, adjudication. The complainant may obtain a copy of the Report of Investigation, after the complaint is closed, by making a request under the Freedom of Information Act.

Adjudication Stage
During the adjudication stage, the Office of Adjudication will review the Report of Investigation and perform a legal and factual analysis of the complaint to determine whether discrimination occurred. Based on this analysis, the Office of Adjudication will issue a Final Agency Decision. The Final Agency Decision will contain an analysis of the claims in the complaint and the Office of Adjudication conclusions and findings, including whether discrimination was found.

If discrimination is found, the Office of Adjudication may attempt to settle the complaint or take other corrective action, as appropriate. If no discrimination is found, the complaint is closed. A copy of the Final Agency Decision will be mailed to the complainant after it is signed by the Director of the Office of Adjudication.

If your complaint alleges discrimination based on disability, you may appeal the Final Agency Decision to the Assistant Secretary for Civil Rights within 90 days of receipt of the Final Agency Decision. This opportunity for appeal applies only to complaints alleging discrimination based on disability.

NOTE
In complaints alleging discrimination in certain USDA programs or those falling under the authority of other government agencies or departments, the complaint may be processed in accordance with a Memorandum of Understanding. In these instances, the procedure used to process your complaint may be different from the procedure described above. The procedure used will be determined by the Memorandum of Understanding.
UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
USDA Program Discrimination Complaint Form Instructions  
(The complaint form is below the instructions)

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a ‘good cause’ explanation for the delay. For example, you may have “good cause” if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;

2. You were seriously ill or incapacitated;

3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination 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).
USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture’s Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

**REPRISAL (RETAIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.
UNIVERSITY 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: _________________________

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

Date: _________________________

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
PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.