

USDA Program Discrimination Complaint Instructions / Civil Rights Complaints

Complaint can be filed by one of the following below:

1. Mail:

Ms. Melissa Conner, Associate Superintendent
Arizona Department of Education, Health and Nutrition Division
1535 West Jefferson Avenue, Bin #7
Phoenix, AZ. 85007

2. Mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

3. Fax:

(202) 690-7442; or

4. Email: program.intake@usda.gov

You may contact the Center for **Civil Rights Enforcement Customer Service Unit** for further information at (866) 632-9992 (toll free) (202) 260-1026, or (202) 401-0216 (TDD).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Complaints of discrimination should contain the following information:

- Your name, address, telephone number, and email address (if you have one).
- The name, address, telephone number, and email address of your attorney or authorized representative, if you are represented.
- The basis of your complaint. The basis is what you believe was the motivating factor for the discrimination. For example, you may believe you were treated differently because of your race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

- The date(s) and location(s) that the incident(s) you are reporting as discrimination occurred. Please note that we cannot accept a complaint about an incident that took place more than 180 days prior to the filing of the complaint. If the discrimination occurred more than 180 days prior to filing your complaint, you may request a waiver of the filing requirement.
- The name of the individual(s) or entity you believe discriminated against you and the agency or recipient that employs that/those individual(s).
- The issue(s) of your complaint. The issue is a description of what happened, or the action that was taken by the individual(s) or agency that discriminated against you, resulting in some harm. Explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Please include how other persons were treated differently from you, if applicable. If you were denied a benefit or service, please provide a copy of the denial letter. If you have documents to support the events you are reporting, provide a copy of the supporting documents.
- How you would like to see this complaint resolved.