

## How to File a Program Discrimination Complaint

---

In USDA programs, discrimination is prohibited 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.) Reprisal is prohibited based on prior civil rights activity. The ASCR, through the Office of Adjudication, investigates and resolves complaints of discrimination in programs operated or assisted by USDA.

To file a program discrimination complaints write a letter to:

U.S. Department of Agriculture  
Director, Office of Adjudication  
1400 Independence Avenue, SW  
Washington, DC 20250-9410

### **What do I need to include in my complaint letter?**

Include the following in your complaint letter:

1. Your name, address and telephone number.
2. The name, address, and telephone number of your attorney or authorized representative, if you are represented.
3. 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, religion, sex, age, national origin, marital status, sexual orientation, familial/parental status, disability, or because all or a part of an individual's income is derived from a public assistance program. (Not all bases apply to all programs).
4. The date(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. (See waiver information below.)
5. The name of the individual(s) or entity you believe discriminated against you and the agency or recipient that employs that/those individual(s).
6. 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 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.

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

You may contact the Office of Adjudication Customer Service Unit for further information at (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD).