

# YOUR AGENCY'S NAME HERE

## SAMPLE FORM

### CIVIL RIGHTS COMPLAINT FORM

Any person alleging discrimination based on race, color, national origin, sex, age, or disability has a right to file a complaint within 180 days of the alleged discriminatory action.

Complaints should be mailed to: **Civil Rights Office**  
**U.S. Department of Agriculture, Southeast Regional**  
**Office**  
**61 Forsyth Street, S.W., Rm 8T36**  
**Atlanta, GA 30303-3415**

1 Person filing complaint:  
Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:

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Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( )

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2 Person(s) discriminated against, if different from above:  
Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:

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Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( )

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3 Agency and department or program that discriminated:  
Agency Name:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code:

\_\_\_\_\_

Individual's name, if known:

\_\_\_\_\_

4 Discrimination based on:

\_\_\_\_\_ Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_ Disability  
\_\_\_\_\_ Sex \_\_\_\_\_ Age



For Office Use Only:

Date complaint Received:

\_\_\_\_\_

Date forwarded to the USDA: \_\_\_\_\_

By: \_\_\_\_\_ Recipient Agency - Name:

\_\_\_\_\_

\_\_\_\_\_ State Agency – Name:

\_\_\_\_\_

Notes:

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