

CIVIL RIGHTS DISCRIMINATION COMPLAINT

Need help filing a complaint? If you have difficulty understanding English or have a disability, free communication assistance is available upon request.

To file a discrimination complaint in the Women, Infants and Children Program (WIC), refer to the USDA Nondiscrimination Statement below.

Filing a complaint with the Alabama Department of Public Health (ADPH) Civil Rights Coordinator (CRC) is voluntary. However, without the information requested, the ADPH CRC may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and if so, we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the ADPH for purposes associated with civil rights compliance and as permitted by law. It is illegal for an employee of federal financial assistance from the U.S. Health and Human Services (HHS) or from the U.S. Department of Agriculture (USDA) to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. The ADPH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, or sex. The ADPH does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, or sex. To submit an electronic complaint form email it to crcomplaints@adph.state.al.us or mail the complaint form to ADPH CRC, RSA Tower, Ste 1698, 201 Monroe St., Montgomery, AL 36104.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) Fax: (833) 256-1665 or (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	
ARE YOU FILING THIS COMPLAINT FOR SOMEONE ELSE? ☐ YES ☐ NO IF YES, WHOSE CIVIL RIGHTS DO YOU BELIEVE WERE VIOLATED:			
FIRST NAME		LAST NAME	
I BELIEVE THAT I HAVE BEEN DISCRIMINATED AGAINST ON THE BASIS OF: ☐ RACE ☐ COLOR ☐ NATIONAL ORIGIN ☐ AGE ☐ RELIGION ☐ SEX ☐ DISABILITY OR ☐ RETALIATION/REPRISAL ☐ OTHER (SPECIFY): _____			
WHO DO YOU BELIEVE DISCRIMINATED AGAINST YOU (OR SOMEONE ELSE)?			
STREET ADDRESS		CITY	
STATE	ZIP	PHONE (Please include area code)	
WHEN DO YOU BELIEVE THAT THE CIVIL RIGHT DISCRIMINATION OCCURRED? LIST DATE(S)			
DESCRIBE BRIEFLY WHAT HAPPENED. HOW AND WHY DO YOU BELIEVE THAT YOU HAVE BEEN (OR SOMEONE ELSE HAS BEEN) DISCRIMINATED AGAINST? PLEASE BE AS SPECIFIC AS POSSIBLE. (ATTACH ADDITIONAL PAGES AS NEEDED)			
Please sign and date this complaint. You do not need to sign if submitting this form by e-mail because submission by e-mail represents your signature.			
SIGNATURE		DATE (MM/DD/YYYY)	