

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 a recipient 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



CIVIL RIGHTS DISCRIMINATION COMPLAINT

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? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> RELIGION <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY OR <input type="checkbox"/> RETALIATION/REPRISAL <input type="checkbox"/> 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)