

CIVIL RIGHTS COMPLAINT FORM

Virginia Department of Agriculture & Consumer Services
Food Distribution Program

1. Name of Complainant: _____

2. Address and Telephone Number of Complainant:

3. Agency Name and Location Service Provided:

4. Describe the incident or action which you believe involved discrimination:

5. Check the factor(s) upon which you believe the discrimination was based:

Race Color National Origin Age Sex Handicap

6. Give name(s), title(s), address(es) and telephone number(s) of persons who may have knowledge of the discriminatory action:

7. Signature of Complainant (or person receiving complaint):

8. Printed name: _____

9. Date of complaint: _____

Complaints of alleged discriminatory action may be made on this form, or another written form or transcribed from verbal conversations. Complaints may be made to the service agency or by sending the complaint to:

Food Distribution Program Administrator
Virginia Dept. of Agriculture & Consumer Services
P.O. Box 1163
Richmond, Virginia 23218

or

Secretary of Agriculture
Washington, D.C. 20250