

# Ideas for Cooking and Nutrition (ICAN)

---

## ICAN Program Discrimination Complaint Form Instructions

(The complaint form is below the instructions)

- **Complaints can be written or verbal.**
- **If more information is needed, direct the client to the USDA at:**
  - Phone: (866) 632-9992
  - Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).
  - Fax: (202) 690-7442
  - Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- **The client should fill out the complaint form. If client declines to complete the complaint form in writing, you must complete it for them from their verbal complaint.**
- **Should include the following information: Name, address, and telephone number or other means of contacting the complainant,**
- **The specific location and name of the State agency, local agency, or other sub recipient delivering the service or benefit,**
- **The nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants,**
- **The basis on which the complainant believes discrimination exists.**
- **The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and**
- **The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.**

# Ideas for Cooking and Nutrition (ICAN)

---

## Ideas for Cooking and Nutrition (ICAN)

### Program Discrimination Complaint Form

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number starting with area code: \_\_\_\_\_

Alternate Telephone Number starting with area code: \_\_\_\_\_

Best Time of the Day to Reach You: \_\_\_\_\_

Best Way to Reach You (check one): Mail  Phone  E-mail

Other: \_\_\_\_\_

Do you have a representative (lawyer or other advocate) for this complaint?

Yes  No

If yes, please provide the following information about your representative:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

\_\_\_\_\_  
\_\_\_\_\_

# Ideas for Cooking and Nutrition (ICAN)

---

Please name the program you applied for (if known/if applicable):

---

---

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

---

---

---

---

3. When did the discrimination occur?

Date: \_\_\_\_\_ (Month, Day, Year)

If the discrimination occurred more than once, please provide the other dates:

---

4. Where did the discrimination occur?

Address of location where incident occurred:

---

---

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

---

---

6. Remedies: How would you like to see this complaint resolved?

---

---

## Ideas for Cooking and Nutrition (ICAN)

---

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes:  No:

If yes, with what agency or court did you file?

---

When did you file?

Date: \_\_\_\_\_ (Month, Day, Year)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return Completed Form To:

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, religious creed, disability, age, political beliefs, 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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.