

USDA PROGRAMS ONLY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

CIVIL RIGHTS COMPLAINT FORM

Title VI of the Civil Rights Act of 1964
Title IX of the Education Amendments of 1972
Section 504 Rehabilitation Act of 1973
Age Discrimination Act of 1975
The Food and Nutrition Act of 2008, as amended
Title II and Title III of the Americans with Disabilities Act (ADA) of 1990
Title II and Title III of the ADA Amendments Act of 2008

Please tell us if you need assistance completing this form because you do not speak English or have a disability. Free language assistance and/or other aids and services are available upon request. Please contact the Department’s Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

INSTRUCTIONS: Please fill out (PRINT) this form completely and mail to the address listed on page 2.

SECTION 1:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

If someone is filling out this form on your behalf, please indicate that person’s name, address, telephone number and email, below:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

SECTION 2: DETAILS OF COMPLAINT

a) DHHS DIVISION/PROGRAM INVOLVED: _____

b) DATE(S) OF ALLEGED VIOLATION(S): _____

c) I believe that I have been (or someone else has been) discriminate against on the basis of (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Political beliefs |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Reprisal/Retaliation for prior |
| <input type="checkbox"/> Sex (including gender identity and sexual orientation) | <input type="checkbox"/> Civil Rights activity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other (please list): |
| <input type="checkbox"/> Age | _____ |

d) DESCRIPTION OF ACTIONS YOU BELIEVE ARE PROHIBITED. (Please list names and addresses of people who were involved and who can be contacted to provide information relevant to this complaint. You may attach additional sheets as necessary. Please attach copies of any documents or evidence you would like DHHS to consider when investigating your request.)

e) Have efforts been made to resolve this complaint through other informal means?

yes no

If yes, please specify those means, and provide the status.

f) Have you filed a complaint on this alleged violation with any federal office of civil rights, other agency, or in a court?

_____ yes _____ no.

If yes, please specify the federal agency or court, any complaint or case number, and provide the status of that complaint.

g) Have you previously filed a complaint with regard to this alleged violation with any other state agency?

_____ yes _____ no.

If yes, please provide details and the status of that complaint.

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Mail this form and any supporting information to:

ATTN: DHHS Compliance Attorney
Office of General Counsel
2001 Mail Service Center
Raleigh, NC 27699-2001

If you have a disability that renders a non-written form of communication necessary, the Department or Civil Rights Coordinator upon request shall make reasonable efforts to effectively communicate with you. For more information, please contact the Department's Interim Compliance Attorney, Julie Cronin, NC DHHS Interim Compliance Attorney, Office of the Secretary, 919-855-4800, julie.cronin@dhhs.nc.gov.

Anyone also can file a discrimination complaint directly with the U.S. Department of Agriculture (USDA). Below is the process to file a complaint with USDA.

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), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Individuals with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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.

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, 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:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.