



Complaint Form
NM WIC Nutrition Program



Person Filing Complaint	Originating Facility/Clinic	For Official Use Only <input type="checkbox"/> Civil Rights <input type="checkbox"/> Vendor <input type="checkbox"/> Other
Address		
City, State, Zip		
Telephone # / E-Mail	Date Form Filled Out	Date Received at State Office:

Person making complaint is a: <u>Circle One</u>	Who is the complaint concerning? <u>Circle One</u>	For Civil Rights Complaints ONLY <u>Circle one or more</u> I feel discriminated based on:
Participant	Participant	Age
Vendor	Vendor	Sex
WIC Staff Member	WIC Staff Member	Disability
FMNP	FMNP	National Origin
Name:	Name:	Color
		Race

Details of the Complaint	
Date of Incident	Time
Location of Incident	Complete Address
Name and/or Description of Individuals Involved (If Applicable)	
Please Describe in your own words what happened to cause the complaint. Be specific as possible. Please indicate as many details as you can recall. If this is regarding a Vendor issue, please attach a copy of your grocer receipt. (Add additional pages or continue on back of this form)	
Signature of Person Filing Complaint	Signature of Person Filling Out the Form
Date	Telephone #

Send completed form to:

<p>Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Email: program.intake@usda.gov</p> <p>Fax: (202) 690-7442</p>	<p>or</p>	<p>Mail: Sarah Flores-Sievers New Mexico WIC Director 2040 S. Pacheco Santa Fe, NM 87505</p> <p>Email: Sarah.Flores-Siever@state.nm.us</p> <p>Fax: (505) 476-8900</p>
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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, 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](#), (AD-3027) found online at: 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 mail, fax, or email.