



Complaint Form New Mexico WIC Program



Person Filing Complaint	Originating Facility/Clinic	For Official Use Only
		<input type="checkbox"/> Civil Rights
Address		<input type="checkbox"/> Vendor
		<input type="checkbox"/> Clinic Operations
City, State, Zip	Date Form Filled Out	<input type="checkbox"/> Other
		Date Received at State Office
Telephone # / Email		
Person Making the Complaint is a:	Who is the complaint concerning?	For Civil Rights Complaints ONLY
Check One Participant Vendor WIC Employee Other	Check One Participant Vendor WIC Employee Other	Check One or more Age Sex Disability National Origin Color Race
Name:	Name:	

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:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Email: program.intake@usda.gov Fax: (202) 690-7442	Or	Mail: Sarah Flores-Sievers New Mexico WIC Director 2040 S. Pacheco Santa Fe, NM 87505 Email: sarah.flores-siever@state.nm.us Fax: (505) 476-8900
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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.