



Program Complaint Form

Complete this form to report a program complaint to WIC. You may remain anonymous or provide your information (which would allow for follow-up). Please provide your contact information and a detailed description of the incident and submit the form to the State WIC Program. All complaints are treated with privacy, and confidentiality of the parties involved is maintained unless otherwise required by an investigation or proceeding.

This program complaint is reported by:

WIC Participant Retailer Farmer WIC Staff Other:

Name of person reporting the complaint (optional):

Phone or email (optional):

Name of person filling out the form if different from above:

Date of incident: **Who is the complaint against?**

Location of Incident:

(clinic, store, town, residence, etc.)

Please describe in detail the incident that has occurred:

I agree that this statement of allegations may be used during the investigation of the case. I further consent that this statement and certain information in the complaint file may be disclosed to certain agency employees including the person I believe discriminated against me in order to resolve my complaint, conduct fact finding, or implement remedial action. I also understand that information may be disclosed if required by law, rule, regulation, or court order. I affirm that this complaint statement is true, accurate, and complete to the best of my knowledge.

Your Signature:

Today's Date:

Mail or Fax to:

Montana WIC Program
PO Box 202951
Helena, MT 59620-2951
Phone: 1-800-433-4298
Fax: (406) 444-0239

The State Office will review this form and be in touch with follow-up instructions.

USDA Nondiscrimination Statement

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), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 (866) 632-9992, 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 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov