

Montana WIC Program Complaint Form

Who is the complainant?

WIC Participant

Retailer

Farmer

Local WIC Staff

Interested Person

Date of incident:

Name of clinic staff, retail staff, or farmer:

Clinic:

Address:

City:

Phone or email:

Please describe in detail the incident that has occurred:



Does this sound like it may be a Civil Rights issue? Could this involve discrimination based on race, creed, religion, sex, culture, color, age, physical or mental disability, veteran status, genetic information, national origin, sexual orientation, social origin or condition, retaliation, political belief, marital status, or ancestry?

Yes

No

If yes, please send to the State WIC Office. If no, use the *Participant Compliance Form* to follow up, if applicable.

Mail or Fax to:

Montana WIC Program

1400 Broadway C305

Helena, MT 59620-2951

Phone: 1-800-433-4298

Fax: (406) 444-0239

USDA Nondiscrimination Statement

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, audiotape, 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:

- (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.

This institution is an equal opportunity provider.

Complaint Authorization

I understand that complete confidentiality cannot be maintained in the process of handling information and formal complaints. 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.

Signature or typed name of complainant (if available):