

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.

Who is filing the complaint?	WIC Participant	Retailer	Farmer
	WIC Staff	Other:	
Your Name (optional):	Your Phone or email (optional):		
Date of incident:	Who is the co	mplaint against	?
Location of Incident:			
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.

Complaint Form June 2020

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 <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint 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.

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