



CIVIL RIGHTS COMPLAINT FORM

- Full name of person filing complaint: _____
First Middle Last
- Address of person filing complaint:
 - Street / P.O. Box: _____
 - City : _____
 - State: _____
 - Zip: _____
- Daytime phone number of person filing complaint: (____) _____
- Name and location of the agency / entity delivering the service or benefit: _____

- Describe the nature of the incident or action that led to the complaint or provide an example of the method of administration which is having a disparate effect on the public, potential participants, or participant _____

- On what basis does the complainant feel discrimination exist? (race, color, national origin, sex, age, or disability): _____

- Provide the name(s), title(s) and business address(es) of persons who may have knowledge of the discriminatory action: _____

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- Indicate the date(s) during which the alleged discriminatory actions occurred, or if continuing, the duration of such actions: _____
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- | Name of person completing the report | Title of person completing the report | Date |
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✓ **Where to file a complaint:**

By Mail:

Director
United States Department of Agriculture (USDA),
Office of Civil Rights,
1400 Independence Avenue, SW,
Washington, DC 20250-9410

Copy to:

Agency Relations Director
Food Share, Inc.
4156 South Bank Road
Oxnard, CA 93036

By Phone:

USDA
(800) 795-3272
(202) 720-6382 (TDD).

Food Share, Inc.
(805) 983-7100, Extension 134

- ✓ **IMPORTANT: Please be sure to send copies of the complaint letter to both USDA and Food Share, Inc.**