

CONTACT: INVESTIGATIONS UNIT ADMINISTRATOR GRIEVANCE COORDINATOR FOR SECTION 504, TITLE II AND OTHER CIVIL RIGHTS LAWS DEPARTMENT OF SOCIAL AND HEALTH SERVICES HUMAN RESOURCES DIVISION INVESTIGATIONS UNIT PO BOX 45830 OLYMPIA, WA 98504-5830		VOICE: (360) 725-5821 or 1-800-521-8060 TTY: (360) 586-4289 or 1-800-521-8061 FAX: (360) 586-0500 EMAIL: iraucomplaints@dshs.wa.gov	
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NAME OF PERSON FILING COMPLAINT		TELEPHONE NUMBERS 1. WORK 2. HOME	
		1. _____ 2. _____	
HOME ADDRESS	STREET	CITY	STATE ZIP CODE

NAME AND POSITION OF PERSON WHO DISCRIMINATED AGAINST YOU		TELEPHONE NUMBER	
DSHS OFFICE	CITY	STATE	ZIP CODE

CLIENT IDENTIFICATION NO.

Basis: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Color</div> <div style="width: 50%;"><input type="checkbox"/> Sex</div> <div style="width: 50%;"><input type="checkbox"/> Creed</div> <div style="width: 50%;"><input type="checkbox"/> Reprisal or Retaliation</div> <div style="width: 50%;"><input type="checkbox"/> Race</div> <div style="width: 50%;"><input type="checkbox"/> Disability</div> <div style="width: 50%;"><input type="checkbox"/> National Origin</div> <div style="width: 50%;"><input type="checkbox"/> Political Beliefs</div> <div style="width: 50%;"><input type="checkbox"/> Age</div> <div style="width: 50%;"><input type="checkbox"/> Religion</div> <div style="width: 50%;"><input type="checkbox"/> Use of Dog Guide or Service Animal</div> <div style="width: 50%;"><input type="checkbox"/> Sexual Orientation</div> <div style="width: 100%;"><input type="checkbox"/> Recently Separated Veteran or Other Protected Status</div> </div>			
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Please describe what happened and when (use extra page(s) if necessary):
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YOUR SIGNATURE	DATE
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PLACE
STAMP
HERE

WASHINGTON STATE DEPT OF SOCIAL & HEALTH SVCS
HUMAN RESOURCES DIVISION
INVESTIGATIONS UNIT (IU)
PO BOX 45830
OLYMPIA, WA 98504-5830

Nondiscrimination in the Basic Food Program

This brochure contains:

- **U.S. Department of Agriculture Food and Nutrition Service Civil Rights Policy for the Basic Food Program.**
- **Services available to persons who believe they were discriminated against in the Basic Food Program.**



Human Resources Division
Investigations Unit (IU)

“Commitment to Equality for All”

FNS Requires inclusion of the full, unedited, SNAP Nondiscrimination Statement (NDS). Please replace the current content with the following:

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), religious creed, disability, age, political beliefs, 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 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.

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: www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (833) 620-1071, 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:

mail:
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:
(833) 256-1665 or (202) 690-7442; or

email:
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Basic Food Discrimination Complaints

If you believe the Department of Social and Health Services has discriminated against you, or if you know of discrimination in the Basic Food Program, on the basis of race, color, national origin, age, sex (including gender identity and sexual orientation), disability, use of dog guide or service animal, political beliefs, religion, creed, recently separated veteran status or other protected veteran status, or reprisal or retaliation for prior civil rights activity, please report that discrimination to the Human Resources Division, Investigations Unit, Department of Social and Health Services within 180 days of the discriminatory act. This report can be made by completing the form on the reverse side or by calling our office.

**Investigations Unit
Contact Numbers**
(360) 725-5821
1-800-521-8060
TTY (360) 586-4289
TTY 1-800-521-8061

We need specific information to show that, despite meeting eligibility requirements, you were denied benefits or treated poorly based on the reasons listed above. Information will be kept as confidential as possible.

The Human Resources Division, Investigations Unit staff will review your complaint to determine if we are authorized to investigate your allegations. If so, an IU staff will be assigned to begin an investigation. If the allegations are substantiated, we will recommend appropriate action be taken.

Retaliation Prohibited

The Department of Social and Health Services will not tolerate retaliation against an individual because they filed a complaint or assisted in the investigation of a complaint.

You may also file your complaint directly with:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410
1-866-632-9992 (voice)
1-800-877-8339 (TTY)