# 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.

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**NAME OF PERSON FILING COMPLAINT**

<table>
<thead>
<tr>
<th>HOME ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**NAME AND POSITION OF PERSON WHO DISCRIMINATED AGAINST YOU**

<table>
<thead>
<tr>
<th>DSHS OFFICE</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>

**CLIENT IDENTIFICATION NO.**

**Basis:**

- Color
- Sex
- Creed
- Race
- Disability
- National Origin
- Age
- Religion
- Use of Dog Guide or Service Animal
- Recently Separated Veteran or Other Protected Status

**Please describe what happened and when (use extra page(s) if necessary):**

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**YOUR SIGNATURE**

**DATE**
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.