



**FORM H1: USDA CIVIL RIGHTS COMPLAINT FORM**

- 1. FORM H1 is a USDA Civil Rights complaint form that is filled out and turned in to the USDA
- 2. USDA will contact the Agency/Client to gather information about the alleged incident
- 3. Complaints may result in an unannounced Agency site visit
- 4. After a full investigation, FSF will take corrective action, if necessary
- 5. The conclusions of the investigation will be sent to the Agency, in writing, and placed in its file

**Final Decision:**

Any necessary and appropriate actions will be taken to correct any bad practices or behavior, which will be determined on a case by case basis. If it is concluded that the Agency was not in the wrong, the complaint will be dismissed.

**Agency Complaints:**

If your Agency has recurring problems with a client, please notify FSF so that we are aware of the situation. We may be able to help or advise how to best handle the problem.

**Retaliation:**

FSF has a zero-tolerance policy against retaliation of any kind. A client will not be discriminated against, harassed, or suffer any reprisals as a result of filing a grievance.

**United States Department of Agriculture:**

Submitting the complaint may require disclosure of personal information. Civil Rights Complaints should be filed directly with the USDA. The information is listed at the end of this form.

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_  
Date of Occurrence \_\_\_\_\_ Date Complaint is Filed \_\_\_\_\_

Complainant Name \_\_\_\_\_  
Complainant Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Which protected class do you feel was violated? (check all that apply)**

Color	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	Disability	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	Sex	<input type="checkbox"/>	<input type="checkbox"/>

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Be sure to include how you were treated differently from others. (Please attach another sheet if necessary.)


Please list any witnesses, if known, whom we may contact for additional information regarding this grievance.

NAME	PHONE NUMBER

What is the most convenient time for us to contact you regarding this complaint?

Morning          Afternoon          Evening

What remedy are you seeking for this complaint?


Is this the first time you have had a complaint about this agency? Yes \_\_\_\_\_ No \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W, Washington, D.C., 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Printed Name of Person Filing Complaint

\_\_\_\_\_  
Date Received