

# NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

## Civil Rights Complaint Form

Name  Sponsor/District

Address  *(Alleged complaint is against:)*

Phone #

Date(s) of Alleged Discriminatory Action:

Nature of Complaint:

**Witness(es) {Person(s) Having Knowledge of the Discriminatory Action}:**

<p>Name <input style="width: 260px; height: 25px;" type="text"/></p> <p>Address <input style="width: 260px; height: 50px;" type="text"/></p> <p>Title <input style="width: 260px; height: 25px;" type="text"/></p>	<p>Name <input style="width: 280px; height: 25px;" type="text"/></p> <p>Address <input style="width: 280px; height: 50px;" type="text"/></p> <p>Title <input style="width: 280px; height: 25px;" type="text"/></p>
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**Basis of Complaint:**

Race <input type="checkbox"/>	Disability <input type="checkbox"/>	Reprisal <input type="checkbox"/>
Color <input type="checkbox"/>	Sex <input type="checkbox"/>	Political Beliefs <input type="checkbox"/>
National Origin <input type="checkbox"/>	Gender Identity <input type="checkbox"/>	Marital Status <input type="checkbox"/>
Age <input type="checkbox"/>	Religion <input type="checkbox"/>	Familial/Parental Status <input type="checkbox"/>
Income derived from public assistance <input type="checkbox"/>		Sexual Orientation <input type="checkbox"/>
Protected genetic information in employment <input type="checkbox"/>		

*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 [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.*

