

**New Jersey Department of Health  
WIC Services / FMNP-SFMNP / CSFP  
COMPLAINT REPORT**

**INSTRUCTIONS: Person(s) making the complaint must complete Sections I through IV, retain a copy, and email/fax the original copy to the State Agency. Follow up action (as determined by the State Agency) must be documented in Section V.**

FOR STATE USE ONLY
Initial Review by Supervisor (Date): _____
Date Assigned: _____
Investigator: _____
Complaint #: _____

SECTION I		SECTION II	
<b>Who is making this complaint?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency		<b>Who is this complaint against?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency	
Name		Name of Store or Participant	
Street Address		(If Store) Address	
City, State, Zip Code	Telephone No.	(If Participant) ID No.	Name of Local WIC, SFMNP or Food Bank
SECTION III - DETAILS OF COMPLAINT			
Date of Incident	Time of Incident	Physical description of person(s) involved (height, weight, age, race, etc.):	
Description of What Happened (be as detailed as possible) (Attach additional sheet if needed):			
SECTION IV - CERTIFICATION			
<i>I certify that the above information is true and complete to the best of my knowledge.</i>			
Name of Complainant (Type or Print)		Title (if any)	
Signature		Date	
Name of Witness, if Any (State)		Title (if any)	
Signature		Date	
SECTION V - TO BE COMPLETED BY STATE OR LOCAL AGENCY			
(If complaint is anonymous or on behalf of another)	Name of State or Local Agency Staff Person (Type or Print)	Signature	
	Title (if any)	Date	

**USDA Nondiscrimination Statement**

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, (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.