

**FOOD STAMP PROGRAM**  
**CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

The Food Stamp Program is operated in accordance with U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, sex, age, disability, religion and political beliefs. If you feel you have been discriminated against, please complete this form and send to: Civil Rights Director, USDA Mid-Atlantic Region, 300 Corporate Blvd., Robbinsville NJ 08691-1598, telephone (609) 350-9783 or USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). A copy of this form should also be sent to the Virginia Department of Social Services, Civil Rights Program Administrator, 7 N. Eighth Street, Richmond, Virginia 23219.

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NAME OF COMPLAINANT:

ADDRESS:

TELEPHONE #:

SOCIAL SECURITY #:

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NAME AND TITLE OF PERSON/PERSONS RESPONSIBLE FOR DISCRIMINATION:

ADDRESS:

DATE OF DISCRIMINATION:

PLEASE INDICATE BASIS FOR DISCRIMINATION:

RACE ___	AGE ___	POLITICAL BELIEFS ___
COLOR ___	SEX ___	RELIGION ___
NATIONAL ORIGIN ___	DISABILITY ___	

PLEASE DESCRIBE BRIEFLY THE BASIS OF YOUR COMPLAINT:

NAMES/ADDRESSES OF ANY WITNESSES: