



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(SNAP, formerly the Food Stamp Program)

SNAP is operated in accordance with Federal law and U.S. Department of Agriculture policy, which prohibits discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

If you feel you have been discriminated against, please complete this form and send to either the USDA or the Department of Public Welfare or both agencies at:

USDA
Director, Office of Civil Rights
Room 326 -W, Whitten Building
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

or

Call the USDA at (202) 720-5964
Individuals who are deaf, hard of hearing,
or have speech disabilities and wish to
communicate with the Office of Civil Rights,
may call the Federal Relay Service at
(800) 877-8339 (English) or
(800) 845-6136 (Spanish).

or

Commonwealth of Pennsylvania
Department of Public Welfare
Bureau of Equal Opportunity
PO Box 2675
Harrisburg, PA 17105-2675
If you have any questions
please call (717) 787-1127 or
fax (717) 772-4366.

For an explanation of the FNS and DPW discrimination complaint system, call your local county assistance office or visit http://services.dpw.state.pa.us/oimpolicymanuals/manuals/bop/su/880_Nondiscrimination/880_Title.htm.

Name of Complainant: _____ Social Security #: _____ Telephone #: _____
(Last four digits only)

Address: _____
(Street, City, State, Zip)

NAME OF THE PERSON AND THE AGENCY ACCUSED OF DISCRIMINATION

Individual Accused: _____

Accused Agency: _____

Agency Address: _____
(Street, City, State, Zip)

Date of Claimed Discrimination: _____

Please Indicate Basis for Claim:

- Race, Age, Color, Sex, Disability, Religion, National Origin, Political Beliefs

Please Briefly Describe Your Claim (Use reverse side if additional space is needed): _____

Names and Addresses of any Witnesses: _____

(Signature of Complainant)

(Date)

