

**SECTION: Civil Rights****SUBJECT: Discrimination Complaints**

**Federal Regulations:** §246.8 (b), FNS Instruction 113-1, Departmental Regulation 4300-003, Equal Opportunity Public Notification Policy-June 2, 2015

**POLICY**

Any individual who applies to or participates in the WIC program has the right to file a discrimination complaint. Applicants and participants must be advised at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.

**Complaints Processed by the State**

The State agency will process inquiries/complaints alleging discrimination based on; ancestry, marital status, religious creed, sexual orientation, lawful source of income and gender identity or expression.

Inform the applicant or participant of any alternative avenues of redress and provide them a copy of the Discrimination Complaint Procedure and Form.

The complaint procedure is as follows:

1. Applicants or participants may file complaints of alleged discrimination with the Local Agency or directly to DPH Equal Opportunity Officer **and** DPH State WIC Program Monitor.
2. Complaints filed at the Local Agencies **must** be directed or submitted to the following State contact points **within 24 hours** and the party alleging discrimination must be given the list of alternative avenues of redress.
3. The Equal Opportunity Officer may endeavor to mitigate or resolve any complaint at the lowest level possible and all records of complaints shall be maintained and reviewed on a regular basis by the DPH Equal Opportunity Officer to detect any patterns in the nature of these complaints.
4. The Equal Opportunity Officer will periodically review informal resolutions to assure that the agreement has been fulfilled and/or that no retaliatory actions have been taken by either party.
5. All complaints shall be processed within 90 days of receipt to ensure alternate avenues of redress are not foreclosed.

Local agencies receiving complaints must submit a copy of the Discrimination Complaint Form, via fax, within 24 hours to attention of **both**:

**Equal Opportunity Officer**  
State of Connecticut, DPH  
410 Capitol Avenue, MS#13AFA  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax# 860-509-7111

**WIC Program Monitor**  
State of Connecticut, DPH  
410 Capitol Avenue, MS#11WIC  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax# 860- 509-8391

## Complaints Processed by USDA - Food and Nutrition Service

USDA – Food and Nutrition Service will process complaints of discrimination on the basis of; race, color, national origin, age, sex, or disability.

The complaint procedure is as follows:

1. Applicants and/or participants who request information regarding the Civil Rights complaint process, including a statement indicating they wish to file a Civil Rights complaint on one or more of the Federally protected bases, will be advised and provided the information included in the USDA Nondiscrimination Statement.
2. However, all complaints citing one or more of the Federally protected bases **must** be directed or submitted to the contact points in the Nondiscrimination Statement (see below) **within 24 hours** and the party alleging discrimination must be given the list of alternative avenues of redress.

### 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, religious creed, disability, age, political beliefs, 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.

### Complainant Protection

Any individual who has made a discrimination complaint, formal allegation, testified, assisted, or participated in an investigation or proceeding shall not be intimidated, threatened, coerced, or discriminated against.

## **Confidentiality**

The identity of every complainant shall be kept confidential except to the extent necessary to carry out the purpose of this part, including the conducting of any investigation, hearing, or judicial proceeding.

## **Discrimination Complaint Procedure (WIC et.al.)**

This Discrimination Complaint Procedure covers alleged discrimination on the basis of; race, color, national origin, age, sex, disability and ancestry, marital status, religious creed, sexual orientation, lawful source of income, gender identity or expression and disability as defined by the Americans with Disabilities Act, Amendments Act, 2008 (ADAAA). Any person-alleging discrimination on the basis of race, age<sup>2</sup> disability, color, sex or national origin may file a complaint directly with the USDA within 180 days of the alleged discriminatory action.

The filing of a *discrimination* complaint shall in no way affect future considerations of eligibility or participation.

The Local Agency **and** DPH State WIC Program Monitor shall treat confidentiality as essential to the successful implementation of discrimination complaint processing. As such, when involved in such complaints, disclosure of information relating to the *nature of the complaint and the identity of the grievant* will be on a "need to know" basis, both inside and outside the Local Agency. Rights under the Privacy Act, 1974 will be stressed at all times and records retained shall be confidential except where disclosure is required by law.

## **Protection of Rights Provision**

1. Any person who willfully interferes with or otherwise impairs the processing of any complaints taken under this policy, or in any way restricts or impairs the civil rights of the applicant/participant or any witness involved, will be subject to non-compliance sanctions.
2. The confidentiality of all investigations and counseling will be protected by the issuance of this policy.
3. This procedure shall not be construed as having the effect of barring any person from due process of law. If any person feels that he/she has been treated in a discriminatory manner; a complaint may be filed directly with the Connecticut Commission on Human Rights and Opportunities, the United States Equal Employment Opportunity Commission, United States Department of Agriculture/Food and Nutrition Services, the United States Department of Health and Human Services or any other state, federal, or local agency that enforces laws concerning discrimination in public service or public accommodation.
4. Any individual or witness may informally bring forth a claim of alleged discrimination or harassment without following the above prescribed discrimination complaint procedure, as complaints may be Written – by the applicant or client, Oral – in which case the LA staff person would write for the applicant/client *or* Anonymous-staff should file this paperwork also.

## **WIC STATE & FEDERAL DISCRIMINATION COMPLAINT AGENCIES**

**An individual has the right to file his or her complaint of discrimination with any or all of the relevant agencies listed below. The individual can also simultaneously avail himself or herself of this Department of Public Health's Discrimination Complaint Procedure.**

### **1. The Connecticut Commission on Human Rights & Opportunities**

Complaints should be filed with the Commission on Human Rights and Opportunities no later than one hundred and eighty (180) days after the alleged act of discrimination occurred.

#### **Capitol Regional Office**

450 Columbus Boulevard  
Hartford, CT 06103-1835  
Tel: (860) 566-7710  
TDD (860) 566-7710

#### **Southwest Region**

350 Fairfield Avenue, 6 Floor  
Bridgeport, CT 06604  
Tel: (203) 579-6246  
TDD: (203) 579-6246

#### **West Central Regional Office**

55 West Main Street, Suite 210  
Waterbury, CT 06702  
Tel: (203) 805-6530  
TDD: (203) 805-6579

#### **Eastern Regional Office**

100 Broadway  
Norwich, CT 06360  
Tel: (860) 886-5703  
TDD: (860) 886-5707

#### **Administrative Headquarters**

450 Columbus Boulevard  
Hartford, CT 06103-1835  
Tel: (860) 541-3400  
TDD: (860) 541-3459

### **2. CT District Office, United States Labor Department Wage and Hour Division**

135 High Street  
Hartford, CT 06103  
Tel: (860) 240-4277

### **3. 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, audiotope, 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.

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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).

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**STATE OF CONNECTICUT  
Department of Public Health**

**WIC PROGRAM CIVIL RIGHTS  
DISCRIMINATION COMPLAINT FORM**

***Any person alleging discrimination on the basis of race, age<sup>1</sup> disability, color, sex or national origin must file a complaint, with the United States Secretary of Agriculture, within 180 days of the alleged discriminatory action.***

***The Local Agency shall take no action on Civil Rights (CR) complaints. Make two (2) copies of this Complaint Form; send the original to the DPH Equal Opportunity Officer, one copy to the DPH State WIC Program Monitor and keep one copy for your records.***

**PROTECTED CATEGORY:**

**Handled by USDA**

- Race
- Color
- National Origin
- Age
- Sex
- Disability

**Handled by State of Connecticut**

- Ancestry
- Marital Status
- Religious Creed
- Sexual Orientation
- Lawful Source of Income
- Gender ID or Expression

**LOCAL AGENCY (LA) INFORMATION:**

**Date LA received complaint: \_\_\_\_\_ Date LA sent DPH  
complaint: \_\_\_\_\_**

**LA staff Name & Title who received and/or is reporting complaint:**  
\_\_\_\_\_

**LA Name: \_\_\_\_\_ LA Phone : \_\_\_\_\_**

**LA Address: \_\_\_\_\_**

**INDIVIDUAL/ORGANIZATION/VENDOR NAMED IN COMPLAINT:**

**Individual named in complaint: \_\_\_\_\_**

**Organization named in complaint: \_\_\_\_\_**

**Vendor named in complaint: \_\_\_\_\_**

**Individual/Organization/Vendor Address: \_\_\_\_\_ Phone: \_\_\_\_\_**

**DOCUMENTATION TO BE COLLECTED**

**Copy:**

Receipt

Other-explain

<sup>1</sup> All 'age' discrimination complaints are referred to the Federal Mediation & Conciliation Service in Washington, D.C. within 10 days of receipt at the United States Department of Agriculture/Food and Nutrition Services Regional Office of Civil Rights

**COMPLAINING PARTY INFORMATION:**

**Individual making complaint:**

Applicant                       Client/Participant                       Other/ Specify:

**Complainant Name :** \_\_\_\_\_

**Complainant Address :** \_\_\_\_\_ **Phone :** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Complaints may be Written – by the applicant or client, Oral – in which case the staff person would write for the applicant/client *or* Anonymous-staff should file this paperwork also.**

**Description of Incident:** (if denied program benefits, *for discriminatory reasons*, provide copy of denial letter). *Describe what happened, why complaining party believes it happened and how this is discrimination. List who else was involved and other parties that received service or benefits in a different manner.*

Describe what happened \_\_\_\_\_  
\_\_\_\_\_

Describe why believe it happened \_\_\_\_\_  
\_\_\_\_\_

Describe why it is discrimination \_\_\_\_\_  
\_\_\_\_\_

List who else was involved (witnesses) \_\_\_\_\_  
\_\_\_\_\_

List other parties receiving benefits or services in a different manner \_\_\_\_\_  
\_\_\_\_\_

**FOR DPH USE ONLY:**

**Date received complaint:** \_\_\_\_\_ **Date sent complaint to USDA/HHS:** \_\_\_\_\_

**Complaint Tracking/Follow-up:** \_\_\_\_\_

*REV 6/13*

**ESTADO DE CONNECTICUT**  
**Departamento de Salud Pública**

**PLANILLA PARA DENUNCIAS POR DISCRIMINACION/VIOLACION DE LOS DERECHOS HUMANOS**

***Cualquier persona que alegue discriminación debido a su raza, discapacidad, edad, color, sexo u origen nacional, deberá rellenar una planilla para denunciar cualquier acción o práctica discriminatoria, y enviarla a la Secretaría de Agricultura de los Estados Unidos, durante cualquiera de los 180 días siguientes a la fecha en que dicho acto o práctica discriminatoria tuvo lugar.***

***La Agencia Local no deberá tomar acción alguna con respecto a denuncias por discriminación o violación de los Derechos Humanos. Haga dos (2) copias de esta planilla, envíe el original al Oficial del Departamento de Protección e Igualdad de Oportunidades del Departamento de Salud Pública, (DPH – Equal Opportunity Officer), envíe una copia al Monitor del Programa WIC del Estado (State WIC Program Monitor) y retenga una copia para sus archivos.***

**INDIQUE LA CATEGORIA:**

**Manejado por USDA**

- Raza
- Color
- Origen Nacional
- Edad
- Sexo
- Discapacidad

**Manejado per del Etado de Connecticut**

- Linaje
  - Estado Civil
  - Orientación Religiosa
  - Orientación Sexual
  - Fuente de Ingresos
  - Identidad de Género
  - Expresión
- Otros/Explique: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMACION DE AGENCIA LOCAL:**

**Fecha de recibo en Agencia Local:** \_\_\_\_\_ **Fecha de envío al Departamento de Salud Pública**  
\_\_\_\_\_

**Nombre y Título del empleado local que recibió y/o está presentando la querella:**  
\_\_\_\_\_

**Agencia Local** \_\_\_\_\_ **Teléfono :** \_\_\_\_\_

**Dirección:** \_\_\_\_\_

**NOMBRE DEL INDIVIDUO/ORGANIZACION/VENDEDOR DENUNCIADO EN LA QUERELLA:**

**Nombre del individuo denunciado:** \_\_\_\_\_

**Nombre de la Organización denunciada:** \_\_\_\_\_

**Nombre del Vendedor denunciado:** \_\_\_\_\_

**Dirección del Individuo/Organización/Vendedor:** \_\_\_\_\_

**Teléfono:** \_\_\_\_\_



**DOCUMENTACION QUE BEBES COLLECTAR**

**Copias:**

**Recibo**

**Otros/Explique**

<sup>1</sup> Todas las denuncias por discriminación debido a la edad son referidas a los Servicios de Reconciliación y Mediación del Gobierno Federal (Federal Mediation & Conciliation Service) en Washington, DC dentro de los diez (10) días siguientes al recibo de la querrela por el Departamento de Agricultura de Estados Unidos/Oficina Regional de Protección de los Derechos Humanos (United States Department of Agriculture/Food and Nutrition Services Regional Office of Civil Rights)

REV 6/13

**INFORMACION DEL DENUNCIANTE**

**El denunciante:**

Solicitante

Cliente/Participante

Otro/Especifique:

**Nombre del Denunciante :**

\_\_\_\_\_

**Dirección del Denunciante:** \_\_\_\_\_ **Teléfono:**

\_\_\_\_\_

**Fecha del Incidente:** \_\_\_\_\_

**Las denuncias deberán hacerse por Escrito - por el solicitante o cliente, Verbalmente - en cuyo caso el empleado local redactará para el solicitante o cliente, o Anónimo – en cuyo caso la denuncia deberá ser retenida en la agencia local.**

**Descripción del Incidente:** (si se le denegaron beneficios del programa por razones discriminatorias, entregue una copia de el impreso de terminación/discontinuación de beneficios (Notice of Participant Action). *Describa lo que sucedió, por qué la parte denunciante cree que ocurrió y las razones por las que cree que el incidente constituye un acto discriminatorio. Escriba el nombre de cualquier otras persona involucrada en el incidente, la cual recibió servicios o beneficios de forma diferente.*

Describa que sucedió \_\_\_\_\_

Describa por qué cree que sucedió \_\_\_\_\_

Describa por qué cree que el incidente es un acto discriminatorio \_\_\_\_\_

Haga una lista de otras personas involucradas (testigos) \_\_\_\_\_

Haga una lista de otras personas que recibieron beneficios o servicios de una forma diferente \_\_\_\_\_

**PARA USO DE DPH – FOR DPH USE ONLY**

**Date received complaint:** \_\_\_\_\_ **Date sent complaint to USDA/HHS:** \_\_\_\_\_

**Complaint Tracking/Follow-up:** \_\_\_\_\_

*REV 6/13*