

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2) **fax:**
(833) 256-1665 or (202) 690-7442; or
- 3) **email:**
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, age² 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, DPH State WIC Program Monitor and USDA 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.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

2. fax: (833) 256-1665 or (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Documentation of Civil Rights Complaints

The Local agency must maintain a record of all Civil Rights complaints received.

The Civil Rights complaint log must be maintained and available upon request by State Monitors

**WIC PROGRAM CIVIL RIGHTS
DISCRIMINATION COMPLAINT FORM**

**U.S. Department of Agriculture
USDA Program Discrimination Complaint Form**

Complainant Information		
First name	Middle Initial	Last Name
Mailing Address		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: Mail <input type="checkbox"/> Phone Email Other		
Representative Information		
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No
First name	Last Name	
Mailing address		
Phone	Email	
Complaint Information <i>(attach additional pages and supporting documentation as needed)</i>		
1. Provide the name of the program you applied for (if known/applicable).		
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> FNS <input type="checkbox"/> FS <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		
3. Date of recent alleged discrimination (mm/dd/yyyy)	4. Location and/or address of the office where discrimination occurred	
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).		
6. What happened to you? (please include dates of each allegation)		
7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity. I believe I was discriminated against based on:		
Remedies		
8. How would you like to see this complaint resolved?		
10. If yes, with what agency or court did you file?	11. If yes, when did you file? (mm/dd/yyyy)	

Complainant Signature

Date

Representative Signature

Date

INSTRUCTIONS

PURPOSE: This form may be used if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested on the form and be signed by you or your authorized representative.

We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the process of your complaint

FILING DEADLINE: A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated; or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

OFFICE LOCATION WHERE DISCRIMINATION OCCURED: List the location and/or address of the office where discrimination occurred. If not known, this part of the form can be left blank.

WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, STOP 9410, Washington, DC 20250-9410;
Fax: 1 (833) 256-1665 or (202) 690-7442; or
e-Mail: program.intake@usda.gov.

You may also visit our [website](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

LEGAL INFORMATION

CONSENT: This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a) and is used to solicit information for processing complaints of discrimination. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (OASCR) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

REPRISAL (RETALIATION) PROHIBITED: No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

PRIVACY ACT STATEMENT (5 U.S.C. § 52a)

AUTHORITIES: Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 790-790f) and any other anti-discrimination statutes, rules and regulations.

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

ROUTINE USES: To respond to requests from individuals and agencies outside the Department (*such as the White House, Congress, and the Equal Employment Opportunity Commission*) regarding the status of a complaint. More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by the OASCR.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 (*44 U.S.C. 3501 et seq.*) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. The Office of the Assistant Secretary for Civil Rights will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

Any person alleging discrimination on the basis of race, age¹ 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.

Where to file a complaint:

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, 6th 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. United States Department of Agriculture (USDA)

Mail the completed form to:

Office of the Assistant Secretary for Civil Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C 20250-9410

Local area: (202) 260-1026. Toll free: (833)256-1665 Local/Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136 Fax: 1-833-256-1665

PLANILLA PARA DENUNCIAS POR DISCRIMINACION/VIOLACION DE LOS DERECHOS HUMANOS

Departamento de Agricultura de los EE. UU. (USDA) Formulario de Denuncia por Discriminación del Programa del USDA

Información del denunciante		
Primer nombre	Inicial del segundo nombre	Apellidos
Dirección postal		
Número de teléfono principal	Número de teléfono alternativo	Correo electrónico
La mejor manera de contactarte es a través de <input type="checkbox"/> Correo <input type="checkbox"/> Teléfono <input type="checkbox"/> Correo electrónico <input type="checkbox"/> Otro		
Información del representante		
¿Tienes un representante? <input type="checkbox"/> Sí <input type="checkbox"/> No		¿Tienes autorización por escrito de tu representante?
		Si es así, adjúntela. <input type="checkbox"/> Sí <input type="checkbox"/> No
Primer nombre	Apellidos	
Dirección postal		
Teléfono	Correo electrónico	
Información sobre la denuncia		
<i>(Añada más páginas y documentación de respaldo según sea necesario)</i>		
1. Proporcione el nombre del programa que solicitó (si lo conoce/correspondiente).		
2. Seleccione la agencia del USDA que lleva a cabo el programa o brinda asistencia financiera federal para el programa.		
<input type="checkbox"/> FNS (Servicio de Alimentos y Nutrición) <input type="checkbox"/> FS (Servicio Forestal) <input type="checkbox"/> FSA (Agencia del Servicio de Granjas) <input type="checkbox"/> RD (Desarrollo Rural) <input type="checkbox"/> NRCS (Servicio de Conservación de Recursos Naturales) <input type="checkbox"/> Otro _____ <input type="checkbox"/> Desconocido		
3. Fecha de la supuesta discriminación (dd/mm/aaaa)	4. Ubicación y/o dirección de la oficina donde ocurrió la discriminación	
5. ¿Quién te discriminó? Incluye los nombres de las personas involucradas en la supuesta discriminación (si conoces sus nombres).		
6. ¿Qué ocurrió (por favor, incluye las fechas de cada cargo)?		
7. Constituye una violación de la ley discriminarte por lo siguiente: raza, color, nacionalidad, religión, sexo (incluida la identidad y expresión de género), orientación sexual, discapacidad, edad, estado civil, estatus familiar/parental, recibir ingresos de un programa de asistencia pública e ideología política (no todas estas bases se aplican a todos los programas). Así mismo, las represalias están prohibidas por actividades previas de derechos civiles.		
Creo que fui discriminado en base a:		
Medidas resarcitorias		
8. ¿Cómo quisieras que se resolviera esta denuncia?		
9. ¿Has presentado una denuncia sobre el(los) incidente(s) ante otra agencia federal, estatal o local, o ante un tribunal?		
10. En caso afirmativo, ¿con qué agencia o tribunal presentaste la denuncia?	11. En caso afirmativo, ¿cuándo presentaste la denuncia? (dd/mm/aaaa)	

Firma del denunciante

Fecha

Firma del representante

Fecha

INSTRUCCIONES

PROPÓSITO: el presente formulario debe llenarse si crees que has sufrido discriminación en cualquier programa o actividad del USDA y deseas presentar cargos por discriminación. Este formulario se puede utilizar para presentar denuncias de discriminación por motivos de raza, color, nacionalidad, religión, sexo (incluida la identidad y expresión de género), orientación sexual, discapacidad, edad, estado civil, estatus familiar/parental, recibir ingresos de un programa de asistencia pública e ideología política. Si necesitas ayuda para completar el formulario, puedes llamar a cualquiera de los números de teléfono que se incluyen en la parte inferior del formulario de denuncia. Por otro lado, te recordamos que no estás obligado a utilizar el formulario de denuncias. En su lugar, puedes escribir una carta. Si escribes una carta, esta debe contener toda la información solicitada en el formulario y estar firmada por ti o tu representante autorizado.

Recuerda que debemos tener una copia firmada de tu denuncia; cualquier información incompleta o un formulario sin firmar retrasará el proceso.

PLAZO DE PRESENTACIÓN: una denuncia por discriminación en el programa debe presentarse dentro de los 180 días a partir de la fecha en que se produjo la supuesta discriminación, a no ser que el USDA extienda el tiempo para la presentación de estas. A su vez, las denuncias enviadas por correo se considerarán como presentadas a partir de la fecha en que se firmó la misma, a menos que la fecha de la carta de denuncia difiera por siete días o más de la fecha del matasellos, en cuyo caso se utilizará la fecha del matasellos como fecha de presentación. La documentación de la denuncia o los formularios de denuncia enviados por fax o correo se considerarán como presentados el día en que se envíe la denuncia por fax o por correo. Las denuncias presentadas después de la fecha límite de 180 días deben incluir una explicación de 'causa suficiente' para la demora. Por ejemplo, si:

1. Razonablemente no se podía esperar que supieras del acto discriminatorio dentro del período de 180 días;
2. Estabas gravemente enfermo o incapacitado; o
3. La misma denuncia se presentó ante otra agencia federal, estatal o local, y esa agencia no actuó al respecto.

POLÍTICA DEL USDA: las leyes y políticas federales prohíben la discriminación por motivos de raza, color, nacionalidad, religión, sexo (incluida la identidad y expresión de género), orientación sexual, discapacidad, edad, estado civil, estatus familiar/parental, recibir ingresos de un programa de asistencia pública e ideología política (no todas estas bases se aplican a todos los programas).

El USDA determinará si tiene competencia bajo la ley para procesar tu denuncia sobre las bases identificadas y en los programas indicados en tu denuncia. Se prohíbe cualquier represalia por actividades previas de derechos civiles.

UBICACIÓN DE LA OFICINA DONDE OCURRIÓ LA DISCRIMINACIÓN: indica la ubicación y/o dirección de la oficina donde se produjo la discriminación. Si no la conoces, puedes dejar en blanco esta parte del formulario.

DÓNDE PRESENTAR TU DENUNCIA: puedes presentar tu formulario completo o carta al USDA por:

Correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, STOP 9410, Washington, DC 20250-9410;

Fax: 1 (833) 256-1665 o (202) 690-7442; o

Email: program.intake@usda.gov .

También puedes visitar nuestro [sitio web](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) en: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

INFORMACIÓN LEGAL

CONSENTIMIENTO: este formulario de denuncia por discriminación del programa USDA se proporciona de conformidad con la Ley de Privacidad de 1974 (5 Código de los EE. UU. §552a), y se utiliza para solicitar información para procesar denuncias por discriminación. La Oficina del Subsecretario Adjunto de Derechos Civiles (OASCR, siglas en inglés) del Departamento de Agricultura de los Estados Unidos solicita esta información en virtud del Código 7 de Reglamentos Federales Parte 15.

Si el formulario completo se acepta como denuncia, la información recopilada durante la investigación se utilizará para procesar el cargo sobre discriminación dentro del programa.

REPRESALIA (VENGANZA) PROHIBIDA: ninguna agencia, funcionario, empleado o agente del USDA, incluidas las personas que representan al USDA y sus programas, intimidará, amenazará, hostigará, coaccionará, discriminará ni tomará represalias contra nadie que haya presentado una denuncia por supuesta discriminación o que participe de cualquier manera en una investigación u otro procedimiento que contenga reclamos por discriminación.

DECLARACIÓN DE LA LEY DE PRIVACIDAD (Título 5 del Código de los EE. UU. § 52a)

AUTORIDADES: la recopilación de esta información está autorizada por el Título VI de la Ley de Derechos Civiles de 1964 (42 Código de los EE. UU. § 2000d); y las Secciones 504 y 508 de la Ley de Rehabilitación de 1973 (29 Código de los EE. UU. §§ 790-790f) y cualquier otro estatuto, regla y regulación contra la discriminación.

PROPÓSITO: la información recabada en este formulario se usa para procesar denuncias de discriminación en virtud de los estatutos enumerados en la sección "Autoridades" de este aviso. Cualquier información obtenida de este formulario se mantendrá en nuestro sistema de registro.

USOS DE RUTINA: para responder a solicitudes de individuos y agencias fuera del Departamento (*como la Casa Blanca, el Congreso y la Comisión de Igualdad de Oportunidades en el Empleo*) sobre el estado de una denuncia. Puedes encontrar más información sobre los usos de rutina del sistema en las Notificaciones del sistema de registros del USDA-2021-0007, registros mantenidos por la OASCR.

DIVULGACIÓN: brindar esta información es voluntaria. El no completar de este formulario puede dar lugar a un retraso en la tramitación de la denuncia o al rechazo de la denuncia por información insuficiente para continuar con la tramitación.

DECLARACIÓN DE LA LEY DE REDUCCIÓN DE TRAMITES

La Ley de Reducción de Trámites de 1995 (*44 Código de los EE. UU 3501 y siguientes*) precisa que te hagamos saber que esta información se está recopilando para garantizar que tu denuncia contenga toda la información requerida para procesarla, pues la Oficina del Subsecretario Adjunto de Derechos Civiles utilizará la información para encausar los cargos por discriminación.

La respuesta a esta solicitud es voluntaria. La información que proporcionas en este formulario solo se compartirá con personas que tengan necesidad oficial de conocerla, y estará protegida contra divulgación pública de conformidad con las disposiciones de la Ley de Privacidad (5 Código de los EE.UU. § 552a(b)). Por otra parte, el tiempo estimado y requerido para completar este formulario es de 60 minutos. Puedes enviar comentarios sobre la exactitud de este cálculo de tiempo y sugerencias para reducir su duración al U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. Ninguna agencia puede llevar a cabo o respaldar la recopilación de información a menos que los formularios exhiban un número de control OMB vigente. Así mismo, ninguna persona estará en la obligación de responder a un instrumento de recolección de datos. **El número de control OMB de este formulario es 0508-0002.**

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.