



CAPSBC Program Discrimination Complaint Form

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified. Reprisal that is based on prior civil rights activity is prohibited.

PURPOSE: The purpose of this form is to assist you in filing a program discrimination complaint. 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 in the form and be signed by you or your authorized representative. Disclosure is voluntary. Incomplete information may delay the processing of your complaint or result in dismissal of your complaint. If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

The information you provide in this complaint may be disclosed to outside parties where CAPSBC, EFAP, or the USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

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.



CAPSBC Program Discrimination Complaint Form

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if applicable): _____

Telephone Number: (_____) _____ - _____

Alternate Telephone Number: (_____) _____ - _____

Best Time of the Day to Reach You: _____

Best Way to Reach You, (check one): Mail ___ Phone ___ E-mail ___ Other: ___

Do you have a representative (lawyer or other advocate) for this complaint? Yes ___ No

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Emergency Food Assistance: Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur? Address of location where incident occurred:

Address: _____
City: _____ State: _____ Zip code: _____

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, 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 my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency? Yes: _____ No: _____

If yes, with what agency you file? _____

When did you file? Date: _____
Month Day Year

Signature: _____ Date: _____

Where to File a Complaint

To file a program or Civil Rights complaint, please contact the agency listed below:

Community Action Partnership of San Bernardino County
Food Bank Program
696 S. Tippecanoe
San Bernardino, CA 92408
909-723-1581

Email: foodbank@capsbc.org

Fax: (909) 723-1589

This information is being collected to ensure that your complaint contains all the information required to file a complaint. CAPSBC will use the information to process your complaint of program discrimination.

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.