

**WIC PROGRAM COMPLAINT AND APPEAL FORM**  
LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including sexual orientation and gender identity), age, disability, or reprisal or retaliation for prior civil rights activity in any programs or activity conducted or funded by the USDA.

CLIENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARISH \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
AREA CODE NUMBER

- Check here if you feel this complaint is a result of **Civil Rights** discrimination because of **Race, Color, National Origin, Age, Sex (including sexual orientation and gender identity), Disability**, or Reprisal or Retaliation for Prior Civil Rights Activity in Any Programs or Activity Conducted or Funded by the USDA and mail to the Civil Rights Complaints address below.
- Check here if this complaint does **not** involve Civil Rights discrimination. Mail this form to the WIC Program Director's address at the bottom of this form.
- Check here if this is an **appeal** because you were denied, terminated, suspended, or disqualified from WIC services or you were required to make cash repayment. Mail this form to the WIC Program Director's address at the bottom of this form.

Date of Occurrence \_\_\_\_\_ Clinic \_\_\_\_\_

Place of Occurrence \_\_\_\_\_  
CITY PARISH

Name or Names of Employees Involved (If known) \_\_\_\_\_

State in your own words what occurred (use the back of this form if more space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEND CIVIL RIGHTS COMPLAINTS TO:**

U.S. Department of Agriculture  
Office of Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**OR**

Fax: (833) 256-1665 or (202) 690-7442; or  
Email: program.intake@USDA.gov

**SEND ALL OTHER COMPLAINTS OR APPEALS TO:**

WIC Program State Agency Civil Rights Coordinator  
Bureau of Nutrition Services  
Bienville Building  
628 North 4<sup>th</sup> Street, Bin #4  
Baton Rouge, Louisiana 70802

\_\_\_\_\_  
**(Optional)** Signature of Person Submitting Form

\_\_\_\_\_  
Relationship to Client

## WIC PROGRAM COMPLAINT AND APPEAL NOTICE

LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH

### WIC CLIENT COMPLAINT

If you are dissatisfied with the WIC Program services or treatment you received, you may obtain a complaint form located in the waiting room of any WIC Clinic. Complete the complaint form and mail it to the WIC Director's address on the form. You may also choose submit your complaint on-line using the WIC Program web page <http://www.dhh.louisiana.gov/index.cfm/page/1032>.

**If you feel you have been discriminated against, please see the "Civil Rights Complaint" information below.**

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 (including sexual orientation and gender identity), disability, age, or reprisal or retaliation for prior civil rights activity in any programs or activity conducted or funded by the 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 <https://www.fns.usda.gov/sites/default/files/resource-files/usda-program-discrimination-complaint-form-english.pdf>, or 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 AD-3027 form or letter to USDA by: (1) mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) by fax (833) 256-1665 or (202) 690-7442; or (3) email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

### BENEFIT APPEAL AND FAIR HEARING REQUEST

If you have been:

- Denied benefits
- Terminated
- Suspended or Disqualified
- Required to make a cash repayment

To request a fair hearing, obtain a WIC Complaint and Appeal form located in the waiting room of any WIC Clinic. Complete the form and mail it to the WIC Director's address on the form.

*CLIENTS MAY FILE A COMPLAINT WITHOUT FEAR OF HARRASSMENT OR PENALTIES*