

- The North Carolina Department of Health and Human Services (DHHS) has adopted the following internal grievance procedure to provide for the prompt and equitable resolution of complaints against a division within DHHS alleging an action prohibited by the U.S. Department of Justice regulations implementing Title II of the Americans with Disabilities Act, 28 CFR Part 35, or by the U.S. Department of Justice regulations implementing Section 504 of the Rehabilitation Act of 1973, 45 CFR Part 84.  
Contact Person: Joel Johnson, Assistant General Counsel  
Email: [joel.johnson@dhhs.nc.gov](mailto:joel.johnson@dhhs.nc.gov)  
Phone: (919) 855-4950  
Compliant filing information and additional resources available at:  
<https://www.ncdhhs.gov/about/departments-initiatives/ada-grievance-procedure>

## **Asking the Question**

There are a variety of ways to request ethnic and racial information.

The following examples offer *two potential approaches*.

### ***Example A***

In this example, the interviewer would introduce the question about race and ethnicity with this statement:

“We need to know your ethnicity and race. Your response will not affect how we consider your application. If you prefer not to provide this information, we will need to choose an ethnicity and race category for you. Are you (is your child) of Hispanic or Latino ethnicity? What race or races are you (is your child)?”

### ***Example B***

In this example, the interviewer would introduce the question about race and ethnicity with this statement:

“We need to record your ethnicity and race. Your response will help us determine if WIC is in compliance with Federal civil rights laws. It will not affect how we consider your application. If you prefer not to provide this information, we will need to choose an ethnicity and race category for you. Are you (is your child) of Hispanic or Latino ethnicity? What race or races are you (is your child)?”

# Ethnic and Racial Categories

## Ethnicity:

### **Hispanic or Latino**

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino"

## Crossroads (select only one from display list)

### **Hispanic Other**

### **Not Hispanic/Latino**

### **Hispanic Cuban**

### **Hispanic Mexican American**

### **Hispanic Puerto Rican**

## Race: select one or more

### **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including

Central America), and who maintains tribal affiliation or community attachment.

### **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **Black or African American**

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African Americans."

### **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **White**

A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**  
**Office of the Assistant Secretary for Civil Rights**  

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**USDA Program Discrimination Complaint Form Instructions**  
(The complaint form is below the instructions)

**PURPOSE:** The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help 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 in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not later than 180 days of 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. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" 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;
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, 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).

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

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW  
CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

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.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where 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.



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
Program Discrimination Complaint Form**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number starting with area code: \_\_\_\_\_

Alternate Telephone Number starting with area code: \_\_\_\_\_

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 name the program you applied for (if known/if applicable): \_\_\_\_\_

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

Farm Service Agency

Food and Nutrition Service

Rural Development

Natural Resource Conservation Service

Forest Service

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:

\_\_\_\_\_  
Number and street, PO Box, or RD Number

\_\_\_\_\_  
                    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 or with a court?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, with what agency or court did you file? \_\_\_\_\_

When did you file? \_\_\_\_\_  
Month Day Year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Form To:**

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

E-mail address:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**Telephone Numbers:**

Local area: (202) 260-1026  
Toll-free: (866) 632-9992  
Local or Federal relay: (800) 877-8339  
Spanish relay: (800) 845-6136  
Fax: (202)690-7442



## **PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:**

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 file a complaint. The Office of the Assistant Secretary for Civil Rights 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 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 USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

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.

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights**

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**USDA Program Discrimination Complaint Form Instructions**

(The complaint form is below the instructions)

**PROPÓSITO:** Este formulario está diseñado para ayudarle a radicar una querrela por discriminación en los programas de USDA. Si desea ayuda para completar el formulario, usted puede llamar a los números de teléfono indicados al final del formulario.

No es necesario que usted utilice este formulario. Usted puede enviar una carta. La carta tiene que incluir la misma información requerida en este formulario. Es necesario que usted o su representante firme y feche su carta. Usted también puede enviar el formulario o la carta por fax o correo electrónico. Si usted envía sus documentos por correo electrónico, por favor adjunte al e-mail una copia del formulario con su firma. La presentación de un formulario incompleto o no firmado atrasará el proceso del trámite de su querrela.

**FECHA LÍMITE DE RADICACIÓN:** La querrela por discriminación debe presentarse dentro de 180 días desde la fecha que usted supo o debió haber sabido del acto de discriminación, a menos que el USDA prorrogue la fecha límite de radicación. Querellas enviadas por correo se consideran radicadas en la fecha que esta en el formulario, al lado de la firma, a menos que la fecha en el formulario sea diferente que la fecha de matasellos por mas que 7 días; en este caso la querrela se considera radicada el la fecha de matasellos. Querellas enviadas por fax o por correo electronico se consideran radicadas en la fecha cuando el fax o el email este enviado. Querellas radicadas después de la fecha límite de 180 días deben incluir una explicación de "una buena razón" por la demora.

Por ejemplo, usted podría tener un "buen motivo" si:

- usted estaba gravemente herido o enfermo;
- usted radicó una querrela alegando la misma conducta discriminatoria dentro del periodo de 180 días con otra agencia Federal, estatal, o una agencia local de derechos civiles y esa agencia no cumplió o actuó sobre su querrela; o
- no se podía razonablemente esperar que usted supiera, en el periodo exigido de 180 días, que la acción fuera discriminatoria.

**POLÍTICA DEL USDA:** La ley y la reglamentación federal prohíben la discriminación a causa de los siguientes criterios: raza, color, nacionalidad, religión, género, discapacidad, edad, estado civil, orientación sexual, estado de familia/estado de paternidad, ingreso derivado de programas de asistencia pública, y afiliación política.

(No todos los criterios prohibidos se aplican a todos los programas.) USDA determinará si tiene jurisdicción bajo la ley para procesar su querrela por las razones identificadas y en los programas involucrados. Está prohibida toda represalia contra una persona que presente una querrela de discriminación.

**DIRECCIÓN DE PROPIEDAD:** Si esta querrela tiene que ver con una granja, una finca o una alojamiento que no es su dirección física, por favor escriba la dirección de esta propiedad.

**\*\*\*POR FAVOR, LEA LA IMPORTANTE INFORMACIÓN LEGAL ABAJO\*\*\***

### **CONSENTIMIENTO**

Este formulario del USDA para Querellas por Discriminación en Programas se provee de acuerdo con la Ley de la Privacidad de 1974, 5 U.S.C. §552a. La Oficina del Secretario Adjunto de Derechos Civiles del USDA solicita la información en el formulario adjunto conforme a 7 CFR Part 15. Si el formulario debidamente completo se acepta como una queja, la información recogida durante la investigación será empleada para tramitar su querrela de discriminación. La divulgación es voluntaria. Sin embargo, es posible que si no provee la información requerida o no firma su querrela, su querrela sea desestimada. USDA avisará a Usted si su querrela sea desestimada. La información que usted provee puede ser divulgada a un tercero si USDA determina que la divulgación es 1) relevante y necesaria para el Departamento de Justicia (Department of Justice), la corte u otro tribunal, o a otra parte en litigio ante el tribunal; 2) necesario para una acción ejecutiva contra un programa que ha violado las leyes o regulaciones del USDA; 3) a una oficina del Congreso si Usted ha pedido a la oficina del Congreso que se informen de su querrela ó 4) a la Comisión de Derechos Civiles de los Estados Unidos en respuesta a su petición.

### **ESTÁ PROHIBIDA LA REPRESALIA (VENGANZA):**

Ninguna agencia, oficial, empleado, o agente del USDA, incluyendo personas que representan al USDA y sus programas, puede intimidar, amenazar, hostigar, coaccionar, discriminar en contra, o de otra manera vengarse de alguien que haya radicado una querrela como consecuencia de un alegado acto de discriminación o que participe de alguna manera en una investigación u otros procesos que reclaman discriminación.



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
Program Discrimination Complaint Form**

Primer Nombre: \_\_\_\_\_ Inicial del Segundo Nombre: \_\_\_\_\_

Apellido: \_\_\_\_\_ Dirección Postal: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Dirección Electrónica (E-mail): \_\_\_\_\_

Número de Teléfono empezando con el código de area: \_\_\_\_\_

Número de Teléfono Alternativo empezando con el código de area: \_\_\_\_\_

Mejor Hora del Día para Llamar: \_\_\_\_\_

Mejor Manera de Comunicarse con Usted: Carta Escrita  Telefono

Correo electrónico  Otro: \_\_\_\_\_

¿Tiene usted un representante (abogado u otro defensor) para esta querrela? Sí  No

Si su respuesta es sí, por favor provea la siguiente información sobre su representante:

Primer Nombre: \_\_\_\_\_ Apellido: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_

Código postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. ¿Quién considera usted que lo discriminó? Utilice páginas adicionales, si es necesario.  
Nombre(s) de la persona(s) involucrada(s) en la alegada discriminación (si lo conoce):

Por favor provea el nombre del programa que solicitó: \_\_\_\_\_

Por favor marque () la Agencia del USDA que dirige el programa o provea la asistencia financiera Federal para el programa (si lo conoce):

Farm Service Agency

Food and Nutrition Service

Rural Development

Natural Resource Conservation Service

Forest Service

Other: \_\_\_\_\_

2. ¿Qué le pasó a usted? Utilice páginas adicionales, si es necesario, y por favor incluya cualquier documento relacionado que pueda ayudar a demostrar qué ocurrió.

3. ¿Cuándo ocurrió la discriminación?

Fecha: \_\_\_\_\_  
                    Mes                    Día                    Año

Si el alegado acto de discriminación ocurrió en más de una ocasión, incluya las fechas:

4. ¿Donde ocurrió la discriminación?

Dirección donde ocurrió el incidente: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Código postal

Dirección de propiedad (ver Instrucciones): \_\_\_\_\_

\_\_\_\_\_  
Ciudad

\_\_\_\_\_  
Estado

\_\_\_\_\_  
Zip/Código postal

5. Es una violación de ley el discriminar en su contra a causa de los siguientes criterios: raza, color, nacionalidad, religión, género, discapacidad, edad, estado civil orientación sexual, estado de familia/estado de paternidad, ingreso derivado de programas de asistencia pública, y afiliación política. (No todos los criterios aplican a todos los programas.) Está prohibida toda represalia contra una persona que presente una querrela de discriminación.

Creo que yo fui discriminado por ser:

6. Remedios: ¿Qué se necesitaría para resolver esta querrela?

7. ¿Usted radicó una querrela sobre el incidente(s) en otra agencia federal, estatal, o local o en alguna corte?

Sí: \_\_\_\_\_ No: \_\_\_\_\_

¿Si es así, en cual agencia o corte la radicó? \_\_\_\_\_

¿Cuándo la radicó? \_\_\_\_\_  
                                            Mes                                           Día                                           Año

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Envíe el Formulario Completado a:**  
USDA  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Ave, SW, Stop 9410  
Washington, D.C. 20250-9410

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E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**Números de Teléfono:**  
Local: (202) 260-1026  
Gratuito: (866) 632-9992  
Servicio de relevo local o Federal: (800) 877-8339  
Servicio de relevo en español (800) 845-6136  
Fax: (202)690-7442

## **LEY DE REDUCCIÓN DE PAPELEO Y CARGA DE DECLARACIONES PÚBLICAS:**

La Ley de Reducción de Papeleo y Carga de Declaraciones Públicas de 1995 (44 U.S.C. 3501 et seq.) requiere que le informemos a usted que esta información se recopila para asegurar que su querrela contiene la información necesaria para su radicación. La Oficina del Secretario Adjunto de Derechos Civiles utilizará la información para procesar su querrela por discriminación en uno de los programas. Su respuesta a esta solicitud es voluntaria. La información que usted provee en este formulario será compartida solamente con las personas que tienen la necesidad oficial de saber, y será protegida de divulgación de acuerdo a las disposiciones de la Ley de la Privacidad, 5 U.S.C. § 552a(b). La cantidad de tiempo necesaria para completar este formulario es de 60 minutos. Usted puede enviar sus comentarios con respecto a la exactitud del estimado y sugerencias para reducir el tiempo en completar este formulario a USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

Una agencia no podrá conducir o patrocinar, ni se le requiere a un individuo a responder a una solicitud para recopilar información a menos que el documento muestre un Número de Control válido de OMB. El Número de Control de OMB para este formulario es 0508-0002.