

**NJ Department of Agriculture / TEFAP
CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

Regional Civil Rights Director,
USDA/FNS, Mercer Corp. Park
300 Corporate Blvd.
Robbinsville, NJ 08691-1598
609-259-5061

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USDA, Director, Office of Civil Rights  
1400 Independence Ave., S.W., Stop 9410  
Washington, DC 20250-9410

Call: (202) 260-1026 Toll-free: (866)632-9992 Federal relay: (800) 877-8339 Spanish Relay: (800) 845-6136  
E-mail: program.intake@usda.gov

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

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

**Telephone #** (      ) \_\_\_\_\_

**Social Security #**                      -                      - \_\_\_\_\_

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

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

Name / Title of person(s) responsible for discrimination:

Name \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the basis of your complaint (Include location of incident): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate ( ✓ ) basis for discrimination: Race \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_ (including gender identity and sexual orientation) National Origin \_\_\_\_\_ Disability \_\_\_\_\_

Witness(es):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

