



**THE EMERGENCY FOOD ASSISTANCE PROGRAM -
 CIVIL RIGHTS AND DISCRIMINATION COMPLAINT FORM**

This form must be completed to alert the IDHS EFP Manager of any potential Civil Rights and Discrimination complaints that may or may not be "officially" filed by the customer. It is a precautionary step and a record of the event(s) that took place during a TEFAP distribution time frame. Email the completed form to DHS.IEFP@illinois.gov. In order for the customer to file an "official" complaint, the customer must complete the USDA Program Discrimination Complaint (AD-3027) Form found online at: http://www.ascr.usda.gov/complaint_filing_cust.html or call (866) 632-9992. The USDA Program Discrimination Complaint (AD-3027) Form can be mailed, faxed, or e-mailed per instructions.

Person filing complaint:	Date:

Mailing Address (include City, Zip Code):

E-mail Address:	Telephone (include Area Code):

Name of Site:

Site Address (include City:)

Distribution Date:	Distribution Time:

Details of Complaint:

Complaint taken by:	Date complaint taken:	Time complaint taken:

Name of Foodbank Staff or DHS Emergency Food Program Manager Contacted:	Date:

Details of resolution of complaint:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulation and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity in and program or activity conducted or funded by USDA.