

Who is making this complaint?				
Participant	Vendor	Farmer	WIC Employee/Clinic	Other
Name		Telephone #		
Address		City, State, Zip Code		
Who is this complaint against?				
Participant		Name/ID#/Card# (if known)		
Store/Farmer		Name/Location		
WIC Employee/Clinic		Name and/or Clinic Name		
Date of Incident				
Date of Incident		Time of Incident	Name or physical description of person(s) involved	
Description of What Happened (Be as detailed as possible, who, what, where, when, UPC's and, if applicable, attach copies of receipts and pictures of items.) (Add additional pages or continue on back of this form)				
Signature of Person Filing the Complaint			Signature of Person Filling Out the Form (if different)	
Today' Date				
<p>Instructions: Complete this form in blue or black ink and send to one of the following:</p> <p style="text-align: center;">Email: wic.nm@doh.nm.gov</p> <p style="text-align: center;">Fax: (505) 476-8900</p> <p style="text-align: center;">Website: Contact Us New Mexico WIC (nmwic.org)</p> <p style="text-align: center;">Mail:</p> <p style="text-align: center;">New Mexico WIC Director 2040 S. Pacheco Santa Fe, NM 87505</p>				

(WIC Staff Only)		
Describe in detail the action taken to resolve this complaint:		
Name of Staff Person	Date	Phone #
Staff Signature		

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

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

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.