

# OFFICE OF PUBLIC HEALTH

## WIC COMPLAINT NOTICE

### WIC CLIENT COMPLAINT

If you are dissatisfied with the WIC 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 address on the WIC Director's address on the form. If you feel you have been discriminated against, please see "Civil Rights Complaint" below.

### CIVIL RIGHTS COMPLAINT

In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of **Race, Color, National Origin, Sex, Age, or Disability**.

**To file a complaint of discrimination, write:**

USDA

Director, Office of Adjudication

1400 Independence Avenue, SW

Washington, DC 20250-9410

If mailing is not an option, the WIC Complaint and Appeal Form can also be emailed by clicking the Submit Form button in the upper right hand corner of the form.

**Or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)**

**"USDA is an equal opportunity provider and employer"**

### BENEFIT APPEAL AND FAIR HEARING

If you have been:

- Denied benefits
- Terminated
- Suspended
- Required to make a cash repayment for excessive benefits received

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.

**"WIC is an equal opportunity provider"**

CLIENTS MAY FILE A COMPLAINT WITHOUT FEAR OF HARRASSMENT OR PENALTIES

**WIC COMPLAINT AND APPEAL FORM**  
 DEPARTMENT OF HEALTH AND HOSPITALS  
 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, age, or disability.

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

**ADDRESS** \_\_\_\_\_ **PARISH** \_\_\_\_\_

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

**TELEPHONE NUMBER** \_\_\_\_\_  
                                 AREA CODE      NUMBER

|  |   |
|--|---|
|  | Check here if you feel this complaint is a result of <b>Civil Rights</b> discrimination because of <b>Race, Color, National Origin, Age, Sex, or Disability</b> and mail to the Civil Rights address below.                       |
|  | Check here if this complaint does <b>not</b> 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, 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:**

USDA  
 Director, Office of Adjudication  
 1400 Independence Avenue, SW  
 Washington, DC 20250-9410

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

WIC Program Director  
 Nutrition Section  
 Bienville Building  
 628 North 4<sup>th</sup> Street  
 Baton Rouge, Louisiana 70802

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

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

**“WIC is an Equal Opportunity Provider”**

