MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

# COMPLAINT OF DISCRIMINATION (By Customers, Applicants and/or the Public)

The Missouri Department of Health and Senior Services (DHSS) provides services on a non-discriminatory basis. Law prohibits difference in treatment in the provision of services because of race, color, religion, national origin, sex, age or disability. If you believe that you have been discriminated against in one or more of these areas you may file a complaint with DHSS or the U.S. Department of Health and Human Services by completing this form and returning it to one of the following agencies:

Missouri Department of Health and Senior Services
Office of Human Resources
Human Relations Officer
P. O. Box 570
Jefferson City, MO 65102-0570

U. S. Department of Health and Human Services
Office of Civil Rights
601 E 12th Street, Room 248
Kansas City, MO 64106
816/426-7277 TTD: 816/426-3724

**WIC Supplemental Nutrition Program:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf (English) https://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf (Spanish) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Dept of Agriculture, Director, Office of Adjudication, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing 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 employment provider and employer.

**If you wish to file a complaint, please answer the following questions with as much detail as possible:**

| 1. NAME (MR./MRS./MS.) | HOME or MESSAGE TELEPHONE NUMBER |
|---|---|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | WORK TELEPHONE NUMBER |

2. DESCRIBE WHAT OCCURRED TO MAKE YOU BELIEVE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER CLIENTS AND THE DATE THE INCIDENT(S) OCCURRED:
(Attach additional sheets of paper if needed)

3. DO YOU BELIEVE THAT THE DIFFERENCE IN TREATMENT WAS BASED ON YOUR:

☐ RACE ☐ COLOR ☐ DISABILITY ☐ SEX ☐ NAT. ORIGIN ☐ AGE ☐ RELIGION ☐ OTHER - Specify:



Why do you believe that your membership in one or more of these categories was the reason for the difference in treatment? (If 'other' is checked, please explain in detail what you believe to be the basis for the difference in treatment.)

4. Provide the name of the agency and/or person(s) who are responsible in the alleged difference in treatment.

AGENCY NAME

PERSON(S) INVOLVED

5. Did you report what happened to you to anyone at that agency? ☐ Yes ☐ No
If yes, provide the name of the person(s) you talked with and what you reported to that person.

6. Do you know of anyone else who was treated in the same manner as you? Did anyone witness what happened to you?
☐ Yes ☐ No If yes, please provide their name, address and telephone number, and what happened to them (if applicable.)

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|---|---|
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| **If more space is needed to fully explain what occurred, please attach additional information to this form.** | |
| FORM COMPLETED BY (SIGNATURE):<br>▶ | DATE |