

DFCS Civil Rights, ADA/Section 504 Complaint Form

If you need help filling out this form or need help communicating with us, ask us or call 404-657-3433 and leave a message. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).

To file a complaint with the U.S. Department of Agriculture or U.S. Department of Health and Human Services, read below:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may make a verbal or written complaint alleging unlawful discrimination by DFCS (including if you disagree with decisions made regarding requests for reasonable modifications, auxiliary aids or services, or if you believe DFCS failed to provide a requested reasonable modification or communication assistance under the ADA/Section 504), by completing the form below:



Date: _____

Name of person who alleges he/she experienced unlawful discrimination:

*Complainant's Name (if different from the name listed above): _____

Complainant's Relationship to the person who alleges he/she experienced unlawful discrimination: _____

Phone No.: _____ Email: _____

Date of birth (of the person who alleges he/she experienced unlawful discrimination): ____/____/____ or Client ID: _____

Address: Street _____ City _____ Zip _____

County: _____ Phone No.: _____

Email (if available): _____

Please check the DFCS program(s) that apply: SNAP TANF Medical Assistance (e.g., Medicaid and PeachCare for Kids®) Child welfare (CPS, foster care, adoption, family reunification)

Other: _____

DFCS office where the alleged discrimination occurred: _____

Date(s) the alleged discrimination occurred: _____

I believe that I have been (or someone else has been) discriminated against on the basis of:

Race _____ Color _____ Age _____ Sex _____

National Origin _____ (e.g. Failure to provide an interpreter and/or Other _____)

Religion _____ Political Beliefs (Food Stamps Program Only) _____

Disability: _____

Failure to provide the requested Reasonable Modification (RM) _____

Comments: _____

Failure to provide requested auxiliary aid or service (AAS) _____

Comments: _____

Disagree with the RM decision/modification provided _____

Comments: _____

Other (service animals/mobility aids/design standards, etc.) _____

Comments: _____



Describe briefly, below, the alleged discrimination: Please be as specific as possible. If applicable, please provide the name(s) of any individual(s) who you believe discriminated against you. (Attach additional pages as needed):

The remaining information on this form is optional. Failure to answer the question below will not affect this complaint in any way.

Do you need an interpreter or other type of assistance to communicate with us about this complaint? (check all that apply)

Braille Large Print E-mail TTY

Sign Language Interpreter (specify language): _____

Spoken Language Interpreter (specify language): _____

Other: _____

For discrimination complaints based on national origin (e.g., limited English proficiency), forward this completed form to:

Georgia Department of Human Services
Program Manager, Limited English Proficiency and Sensory Impairment Program
2 Peachtree Street, N.W., Suite 29-103
Atlanta, GA, 30303
(404) 657-5244 (voice)

For other discrimination complaints (including complaints about decisions made regarding requests for reasonable modifications under the ADA/Section 504), forward this completed form to:

Division of Family and Children Services
DFCS Civil Rights, ADA/Section 504 Coordinator
2 Peachtree Street, N.W., FL 19
Atlanta, GA 30303
(404) 657-3735 (voice)

Individuals who have a hearing or speech disability may call 711 for an operator to connect with us.

*DFCS is prohibited from disclosing Personally Identifiable Information (PII) or Protected Health Information (PHI) to unauthorized individuals. Therefore, DFCS will not disclose, discuss, or allow access to a DFCS customer's PII or PHI without the appropriate authorization. In situations where a companion or other individual files a complaint on behalf of a DFCS customer, DFCS will contact the customer or authorized representative to verify the complaint.

