

## **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:**

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), 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. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who 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.

### **CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS**

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:** Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** [FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov).

For any other information regarding 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: [SNAP hotline](#).

### **CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS**

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at <https://ocrportal.hhs.gov/ocr/>. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Under the Department of Human Services (DHS), you may also file discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights and ADA/Section 504 Coordinator at: 2 Peachtree Street N.W., Fl. 29, Atlanta, GA, 30303, 404-657-3735. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at: 2 Peachtree Street, N.W., Fl. 29, Atlanta, GA 30303 or call 404-657-5244 (voice).



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: \_\_\_\_\_

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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: \_\_\_\_\_

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**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):

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

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**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: \_\_\_\_\_

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**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., Fl. 29  
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.

