

**New Jersey Department of Health  
WIC Services / FMNP-SFMNP / CSFP  
COMPLAINT REPORT**

Email: [WIC\\_Complaints@doh.nj.gov](mailto:WIC_Complaints@doh.nj.gov)

**INSTRUCTIONS: Person(s) making the complaint must complete Sections I through IV, retain a copy, and email the original copy to the State Agency. Follow up action (as determined by the State Agency) must be documented on the WIC Complaint Follow Up form.**

FOR STATE USE ONLY
Initial Review by Supervisor (Date): _____
Date Assigned: _____
Investigator: _____
Complaint #: _____

SECTION I		SECTION II	
<b>Who is making this complaint?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency <input type="checkbox"/> Senior Agency		<b>Who is this complaint against?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency <input type="checkbox"/> Senior Agency	
Name		Name of Participant, Vendor, Farmer, Food Bank, Agency Staff, Local Agency	
Street Address		<i>(If Store)</i> Address	
City, State, Zip Code	Telephone No.	<i>(If Participant)</i> ID No.	
SECTION III - DETAILS OF COMPLAINT			
Date of Incident	Time of Incident	Lane in store, names and physical description of person(s) involved (if applicable)	
Description of What Happened (be as detailed as possible) <i>(Attach additional documents, if needed):</i>			
SECTION IV - CERTIFICATION			
<i>I certify that the above information is true and complete to the best of my knowledge.</i>			
Name of Complainant <i>(Type or Print)</i>		Title <i>(if any)</i>	
Signature		Date	
Name of Witness <i>(if any)</i>		Title <i>(if any)</i>	
Signature		Date	
SECTION V - TO BE COMPLETED BY STATE OR LOCAL AGENCY			
<i>(If complaint is anonymous or on behalf of another)</i>	Name of State or Local Agency Staff Person <i>(Type or Print)</i>	Signature	
	Title <i>(if any)</i>	Date	

**USDA Nondiscrimination Statement**

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/ad-3027.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](mailto:program.intake@usda.gov)