

RI DEPARTMENT OF HUMAN SERVICES
OFFICE OF THE DIRECTOR
57 Howard Avenue, Cranston, RI 02920

FOR ASSISTANCE, CALL (401) 462-2130 (VOICE)
TDD (401) 462-6239 or Relay Rhode Island 1-800-745-6575

DISCRIMINATION COMPLAINT FORM

COMPLAINANT: _____

Address: _____

City, State & Zip Code: _____

Phone number: Home: _____

Other: _____

Complaint Filed by: _____

(Self or Representative)

Phone number: Business: _____

Other: _____

May we call you at work? *(check one)*

Yes No

If you have a representative, would you like us to send copies of all future
correspondence to that person? *(check one)*

Yes No

**PERSON OR ENTITY WHO ALLEGEDLY DISCRIMINATED
AGAINST THE COMPLAINANT:**

Name: _____

Office Location: _____

Program (*R.I. Works, SNAP, Medicaid, Rehabilitation, etc.*): _____

Phone Number: _____

**COMPLAINANT WAS ALLEGEDLY DISCRIMINATED AGAINST
BECAUSE OF (CHECK ALL THAT APPLY)**

Race or Color: Sex: National Origin: Disability:

Age: Religion: Political Beliefs:

Language Access Services: _____

Date when the alleged discrimination occurred: _____

Please describe the alleged discrimination and how it has affected the complainant. Attach additional sheets if needed.

What remedies is the complainant asking?

Has this complaint been filed with any federal, state or local agency or court?
(Check one)

Yes No

If so, which agency or court: _____

Agency or Court Contact Person: _____

Does the complainant intend to file with another agency?
(Check one)

Yes No

Agency: _____

Signature: _____
(COMPLAINANT)

Date: _____

Mail to:
Community Relations Liaison Officer
RI Department of Human Services
57 Howard Avenue, Cranston, RI 02920

USDA is an equal opportunity Provider and Employer