

Return to Local Health Unit or send to:
WIC Program
AR Department of Health
5800 W 10th St., Suite 300
Little Rock, AR 72204

ARKANSAS DEPARTMENT OF HEALTH WIC PROGRAM

COMPLAINT FORM

Complaint Against			Name of Complainant HHID#			
City	State	Zip	City	State	Zip	
	Telephone			Telephone		
Complaint:						
Remarks:						
	eceived by	/	Referred to	/	Date	
Disposition:						
	vil rights law and U.S. Department of origin, sex (including gender identity					
mation (e.g., Braille, large	made available in languages other the e print, audiotape, American Sign La pice and TTY) or contact USDA throu	nguage), should contact the	responsible state or loc			
s://www.usda.gov/sites/de y writing a letter addresse	ion complaint, a Complainant should efault/files/documents/USDA-OASCR ed to USDA. The letter must contain form the Assistant Secretary for Civil	%20P-Complaint-Form-0508 the complainant's name, add	3-0002-508-11-28-17Fa dress, telephone numbe	x2Mail.pdf, from any USDA office er, and a written description of the	, by calling (866) 632-99	
nail: U.S. Department of A	n or letter must be submitted to USD/ Agriculture, Office of the Assistant Se 2) 690-7442; or 3. email: Program.In	cretary for Civil Rights, 1400	Independence Avenue	e, SW, Washington, D.C. 20250-9	410; or	

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