Return to Local Health Unit or send to:

WIC Program
AR Department of Health
5800 W 10th St., Suite 810
Little Rock, AR 72204

# ARKANSAS DEPARTMENT OF HEALTH
# WIC PROGRAM

## COMPLAINT FORM

| | |
|---|---|
| Complaint Against | Name of Complainant |
| Street Address | HHID# |
| City State Zip | Street Address |
| Telephone | City State Zip |
| | Telephone |

Complaint: _____

Remarks: _____

_____ / _____ / _____
Received by Referred to Date

Disposition: _____

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

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