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## Instructions to file a Complaint

If you are denied the **opportunity** to apply for benefits or services by Virginia Department of Social Services or any of Virginia's local social services offices based on a violation of your civil rights, you may file a complaint by contacting any of the following:

- **Denials of Opportunity to Apply for any Benefits or Services**  
VDSS  
Civil Rights Program Administrator  
801 E. Main Street, 8th Floor  
Richmond, Virginia 23219  
Toll Free: (800) 552-3497  
Richmond: (804) 726-7372  
TDD: (800) 828-1120  
E-mail: [OfficeofCivilRights@dss.virginia.gov](mailto:OfficeofCivilRights@dss.virginia.gov)
- **Denials of Opportunity to Apply any Benefits or Services Other than SNAP**  
How to file: <http://www.hhs.gov/ocr/howtofile.pdf>  
U.S. Department of Health & Human Services  
Office of Civil Rights - Region III  
150 S. Independence Mall West - Suite 372  
Philadelphia, PA 19106-3499  
Toll Free: (800) 368-1019  
Philadelphia: (215) 861-4441  
TDD Toll Free: (800) 537-7697  
TDD Philadelphia: (215) 861-4440  
Email: [OCRcomplaint@hhs.gov](mailto:OCRcomplaint@hhs.gov)
- **Denials of Opportunity to Apply for SNAP Only**  
In accordance with Federal law and U.S. Department of Agriculture policy, VDSS is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint contact **USDA Director's** office below. The USDA is an equal opportunity provider and employer.

USDA Director  
Office of Civil Rights  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
Toll Free: (800) 795-3272  
TTY: (202) 720-6382

**COMPLAINT REQUIREMENTS - Your complaint must:**

1. Be filed in writing, either on paper or electronically, by mail, or e-mail;
2. Name the social service provider or healthcare involved and describe the acts or omissions believed to have violated the applicable civil rights nondiscrimination laws or regulations; and
3. Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause."

*Under Civil Rights Laws an entity cannot retaliate against you for filing a complaint. You should notify OCR immediately in the event of any retaliatory action.*

**HOW TO SUBMIT YOUR COMPLAINT TO OCR** - *To submit a complaint to OCR, please use one of the following methods.* You may mail or fax your complaint to the attention of the Civil Rights Program Administrator. You do not need to sign the complaint form when you submit them by email, your email represents your signature.

**Option 1:** Open and fill out the Discrimination Complaint Form in PDF format (you can also request a copy of this form from our office). You will need Adobe Reader software to fill out the complaint and consent forms. You may either: (a) print and mail or fax the completed, signed complaint form to VDSS Office of Civil Rights – Civil Rights Administrator; or (b) scan and email the completed, signed complaint and consent forms to [OfficeofCivilRights@dss.virginia.gov](mailto:OfficeofCivilRights@dss.virginia.gov) (*Please be advised that communication by unencrypted email presents a risk of disclosure of sensitive information. There is some risk that any individually identifiable health information or other sensitive or confidential personally identifiable information may be contained in such an email, may be disclosed to, or intercepted by unauthorized third parties.*)

**Option 2:** You may (a) mail or fax to VDSS Office of Civil Rights; or (b) email to [OfficeofCivilRights@dss.virginia.gov](mailto:OfficeofCivilRights@dss.virginia.gov).

You may submit a written complaint in your own format. Be sure to include the following information:

1. Your name
2. Full address
3. Home and work telephone numbers
4. E-mail address
5. Name, full address and phone number of the person, agency or organization you believe discriminated against you
6. Brief description of what happened: how, why, and when you believe your (or someone else's) civil rights were violated
7. Any other relevant information
8. Your signature and date of complaint

If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.

The following information is optional:

1. Do you need special accommodations for us to communicate with you about this complaint?
2. If we cannot reach you directly, is there someone else we can contact to help us reach you?
3. Have you filed your complaint somewhere else?

**DEPARTMENT OF SOCIAL SERVICES**  
**Office of Civil Rights**  
**Discrimination Complaint**

In USDA programs, discrimination is prohibited on the bases of race, color, religion, sex, age, national origin, marital status, sexual orientation, familial status, disability, limited English proficiency, or because all or a part of an individual's income is derived from a public assistance program. In programs that receive Federal financial assistance from USDA, discrimination is prohibited on the bases of race, color, religious creed, sex, political beliefs, age, disability, national origin, or limited English proficiency. (Not all basis apply to all programs.) Reprisal is prohibited based on prior civil rights activity. If you feel you have been a victim of discrimination, complete this form and forward to....

Civil Rights, Director  
 USDA Mid-Atlantic Region  
 300 Corporate Blvd  
 Robbinsville, NJ 08691-1598  
 609-259-5123

Forward a copy to:

Virginia Department of Social Services  
 Civil Rights Program Administrator  
 801 E. Main Street  
 Richmond, VA 23219

FIRST NAME		LAST NAME	
HOME PHONE (with area code)		WORK PHONE (with area code)	
STREET ADDRESS		CITY	
STATE	ZIP	EMAIL ADDRESS	
Are you filing a complaint for someone else?		Yes	No
FIRST NAME		LAST NAME	
I believe that I have been (or someone else has been) discriminated against on the basis of:			
Race/Color/National Origin	Age	Religion	Gender (Male/Female)
Disability	Other (specify): _____		

DEPARTMENT OF SOCIAL SERVICES  
Office of Civil Rights  
Discrimination Complaint

<b>Who do you think discriminated against you (or someone else)?</b> PERSON/AGENCY/ORGANIZATION		
STREET ADDRESS		CITY
STATE	ZIP	PHONE (with area code)
<b>Most recent date of discrimination: (List Dates)</b>		
<b>Please explain, what happened, how and why you believe you believe you were discriminated against? Please be specific as possible. (Attach additional pages as needed)</b>		
<b>Please list below any persons (witnesses, others) if known, whom we may contact for additional information to support or clarify your complaint.</b>		
<b>Please sign and date this complaint</b>		
SIGNATURE		DATE

***Complaints of discrimination must generally be filed with 180 days of the alleged discrimination. A waiver may be granted for the following reasons: (1) the discriminatory act could not reasonably be expected to be known within the 180-day period; (2) illness or incapacitation; (3) the same complaint was filed with another Federal, state, or local agency; and (4) any other basis determined by the Director of the Office of Adjudication and Compliance.***