

- North Carolina Office of Administrative Hearings is designated to serve as the State's deferral agency for cases deferred by the U.S. Equal Employment Opportunity Commission (EEOC) to the Office of Administrative Hearing provided in Section 706 of Title VII of the Civil Rights Act of 1964.  
Contact Person: Lamont Goins, Director of Civil Rights, [Lamont.goins@oah.nc.gov](mailto:Lamont.goins@oah.nc.gov).  
(919)431-3000.  
Compliant filing information and additional resources available @ <http://www.ncoah.com/civil/staff.html>
- Office for Civil Rights, Section 504 of the Rehabilitation Act of 1973 requires that "No otherwise qualified individual with a disability in the United States...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." U.S. Department of Education.  
Contact Person: Dr. Ken Kitch, LEP and Federal Program Administer  
[Kenneth.Kitch@dpi.nc.gov](mailto:Kenneth.Kitch@dpi.nc.gov) (919) 807-3830.  
504 filling information and resources available @ <http://www.ncpublicschools.org/parents/disabilities/section504/>

# Ethnic and Racial Categories

## **Ethnicity:**

### **Hispanic or Latino**

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino"

## **Crossroads (select only one from display list)**

### **Hispanic Other**

### **Not Hispanic/Latino**

### **Hispanic Cuban**

### **Hispanic Mexican American**

### **Hispanic Puerto Rican**

## **Race: select one or more**

### **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including

Central America), and who maintains tribal affiliation or community attachment.

### **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

### **Black or African American**

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African Americans."

### **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### **White**

A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

## **Asking the Question**

There are a variety of ways to request ethnic and racial information.

The following examples offer *two potential approaches*.

### ***Example A***

In this example, the interviewer would introduce the question about race and ethnicity with this statement:

“We need to know your ethnicity and race. Your response will not affect how we consider your application. If you prefer not to provide this information, we will need to choose an ethnicity and race category for you. Are you (is your child) of Hispanic or Latino ethnicity? What race or races are you (is your child)?”

### ***Example B***

In this example, the interviewer would introduce the question about race and ethnicity with this statement:

“We need to record your ethnicity and race. Your response will help us determine if WIC is in compliance with Federal civil rights laws. It will not affect how we consider your application. If you prefer not to provide this information, we will need to choose an ethnicity and race category for you. Are you (is your child) of Hispanic or Latino ethnicity? What race or races are you (is your child)?”

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**  
**Office of the Assistant Secretary for Civil Rights**  

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**USDA Program Discrimination Complaint Form Instructions**  
(The complaint form is below the instructions)

**PURPOSE:** The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW  
CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

**REPRISAL (RETALIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Office of the Assistant Secretary for Civil Rights  
Program Discrimination Complaint Form**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number starting with area code: \_\_\_\_\_

Alternate Telephone Number starting with area code: \_\_\_\_\_

Best Time of the Day to Reach You \_\_\_\_\_

Best Way to Reach You, (check one): Mail \_\_\_ Phone \_\_\_ E-mail \_\_\_ Other: \_\_\_\_\_

Do you have a representative (lawyer or other advocate) for this complaint? Yes \_\_\_ No \_\_\_

If yes, please provide the following information about your representative:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): \_\_\_\_\_

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency

Food and Nutrition Service

Rural Development

Natural Resource Conservation Service

Forest Service

Other: \_\_\_\_\_

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: \_\_\_\_\_  
                    Month                    Day                    Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

\_\_\_\_\_  
Number and street, PO Box, or RD Number

\_\_\_\_\_  
                    City                    State                    Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, with what agency or court did you file? \_\_\_\_\_

When did you file? \_\_\_\_\_  
  Month  Day  Year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Form To:**

USDA  
Office of the Assistant Secretary for Civil  
Rights  
1400 Independence Ave, SW, Stop 9410  
Washington, D.C. 20250-9410

**Telephone Numbers:**

Local area: (202) 260-1026  
Toll-free: (866) 632-9992  
Local or Federal relay: (800) 877-8339  
Spanish relay: (800) 845-6136  
Fax: (202)690-7442

E-mail address:

[program.intake@usda.gov](mailto:program.intake@usda.gov)



## **PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:**

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.