Senior Farmers' Market Nutrition Program – Complaint Form
Form 1.2.7. (Rev. 04.2025)
State of California
California Department of Food and Agriculture
Office of Grants Administration

SFMNP COMPLAINT FORM

Type of Complaint: *(Please check the appropriate box)*

☐ Participant ☐ Farmer/Vender ☐ Market Manager ☐ AAA Staff ☐ Anonymous

Date:_____First and Last Name: _____

Phone Number: (____)_____Email: _____

Mailing Address: _____

City:_____State:_____Zip Code: _____

Complaint: *(Please describe the complaint. Use additional sheets of paper if needed.)*

_____

_____

Resolution: *(What is your desired outcome of this complaint?)*

_____

_____

I hereby certify that the above Statements are true and correct to the best of my knowledge:

_____ _____
Person Filing Complaint: Date

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; or Fax: (202) 690-7442; or Email: program.intake@usda.gov

This institution is an equal opportunity provider.
EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF COMPLAINT

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Formulario de queja SFMNP

Tipo de queja: *(Marque la casilla correspondiente)*

☐ Participante ☐ Granjero/Proveedor ☐ Administrador de Mercado

☐ Personal de AAA ☐ Anónima

Fecha:_____Nombre y apellido: _____

Número de teléfono: (____)_____Correo electrónico: _____

Dirección: _____

Ciudad:_____Estado:_____Código postal: _____

Queja: *(Describa la queja. Use hojas adicionales si necesita.)*

_____

_____

Resolución: *(¿Cuál es el resultado deseado de su queja?)*

_____

_____

Por el presente certifico que las declaraciones anteriores son verdaderas y correctas a mi leal saber y entender:

_____ _____
Demandante Fecha

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:
correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690- 7442; o correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.
ENVÍE EL FORMULARIO POR CORREO EELCTRÓNICO A grants@cdfa.ca.gov DENTRO DE LOS QUINCE (15) DÍAS DE PRESENTADA LA QUEJA