Delaware Department of Agriculture
Civil Rights Grievance Form

Contact Information

Complainant's Full Name: **Pronouns:**

Address:

City/Town: **State**: **Zip:**

Email: **Phone:**

Discrimination Complaint

Date of Incident: **Location of Incident**:

Discrimination Based On (please check all that apply):

Race ☐ Color ☐ National Origin ☐ Sex ☐ Age ☐ Handicap/Disability ☐ Retaliation ☐

Other ☐

1. **Please explain where, when, and how the alleged discrimination took place. Provide as much background information about the alleged acts that took place and explain how you were discriminated against. If relevant, identify any additional parties impacted or potentially impacted by the alleged discrimination.**

2. List as much information (agency, division, employee name, title, phone, and email) about who perpetrated the alleged discrimination as possible.

Name: **Division:** **Title:**

Phone: **Email:**

3. Provide any persons (name, phone number/email) that DDA may contact for information to support your complaint (i.e witnesses, fellow employees, or supervisors).

4. **If you have an attorney representing you regarding the allegations within this Complaint, please provide the following information:**

Name: **Address:**

Phone: **City/Town:**

Email: **Zip:**

Have you previously filed a Title VI Grievance with DDA or the US EPA? Yes ☐ No ☐

Have you filed this Complaint with another agency or a Federal or State Court? Yes ☐ No ☐

☐ **If yes, with who and when did you file the Complaint with:**

Please print out, sign, and date the complaint form. If filing on behalf of another person, please attach a signed written consent from the individual with this submission.

_____ _____

Signature **Date**

If your complaint is for the Delaware Department Agriculture, the signed complaint may be scanned and sent electronically to:
Email: dda.complaint@delaware.gov
Fax: 302-698-4542

Send original copies via US Mail to:
New Comm Director
Chief of Community Relations
2320 S. DuPont Hwy
Dover, DE 19901
(302)-698-4542