

**WIC PROGRAM DISCRIMINATION FOLLOW-UP FORM**

Complainant Name:	Date:
Received at: <input type="checkbox"/> Local Agency	<input type="checkbox"/> State Agency

**STEP 1:** Review documentation on screening form. Gather additional information if needed.

**STEP 2:** Check which basis the complainant feels discrimination exists.

Race     Age     National Origin     Color     Sex     Disability

**STEP 3: If Incident Is Reported To Local WIC Agency:**  
Make a copy of the Program Integrity Screening Form and Discrimination Follow-up Form for agency files. Forward the original copies to the State WIC Office within 5 working days of receipt or report.

Date Sent to State WIC Office: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 4: If Incident Is Reported To The State WIC Office:**  
Make a copy of the Program Integrity Screening Form and this follow-up form and send to the Civil Rights Director at USDA Regional Office within five days of receipt of incident.

Date Sent to Regional Civil Rights Office: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 5:** Send a copy of the Program Integrity Screening Form and this follow-up form to the State WIC Clinic Services Coordinator for the incident to be logged on to the Discrimination Log.

Date Sent to Clinic Services Coordinator: \_\_\_\_\_

Sent By: \_\_\_\_\_

**STEP 6:** Log the Incident into the Discrimination Log.

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

Logged By: \_\_\_\_\_

**STEP 7:** File original copy of forms into Complaint File.

**STEP 8:** Additional Follow-up Needed:

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\_\_\_\_\_

(Attach Documentation)