# Sample Letter for Violation Threatening Harm

(Date)

(Name/address)

RE: WIC Household ID #

Dear      :

We are writing to you about (your / or name of representative or proxy’s) recent interaction with WIC Program staff in our (name) clinic. Please carefully review this letter and the WIC Program rules so that you can take action as needed so that we can continue to serve your family in the WIC Program.

On (date), (describe the situation and how/why staff felt threatened with physical harm).

Harming, or threatening to harm, WIC staff violates WIC Program rules, and will not be tolerated. Please review the WIC Rights and Responsibilities: “What you can expect from WIC” and “What WIC expects from you” which you can find on the WIC App and also on the WIC website at <https://www.health.state.mn.us/people/wic/rights.html>.

These are the terms you agreed to for participating in WIC. If those terms aren’t met, we will not be able to continue serving (name of person). (If the person is a proxy, you can add that they will be removed as an authorized representative for the family.)

Thank you for your prompt attention to this letter. If you have any questions regarding this matter, please call me at      .

Sincerely,

Name

Title

**Your Civil Rights:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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/ad-3027.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:

1. **mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. **fax:** (202) 690-7442; or

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

This institution is an equal opportunity provider.