

# U.S. Department of Agriculture

## USDA Program Discrimination Complaint Form

Complainant Information			
First name <b>VERNON</b>	Middle Initial <b>J.</b>	Last Name <b>LEFTRIDGE, JR.</b>	
Mailing Address <b>13400 Cedar Creek Lane, Unit 2-1, Silver Springs, MD 20904</b>			
Primary Phone Number <b>(240) 707-7243</b>	Alternate Phone Number <b>(240) 707-7243</b>	Email <b>Vernonleftridge.vl@gmail.com</b>	
Best way to reach you:      Mail                      Phone <input checked="" type="checkbox"/> Email                      Other			
Representative Information			
Do you have a representative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
First name <b>n/a</b>		Last Name <b>n/a</b>	
Mailing address <b>n/a</b>			
Phone <b>N/A</b>		Email <b>N/A</b>	
Complaint Information			
<i>(attach additional pages and supporting documentation as needed)</i>			
1. Provide the name of the program you applied for (if known/applicable). <b>SNAP, Food Stamps, Medical</b>			
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> FNS <input type="checkbox"/> FFS <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input checked="" type="checkbox"/> Other <b>Maryland DHS</b> <input type="checkbox"/> Unknown			
3. Date of recent alleged discrimination (mm/dd/yyyy) <b>09/01/2023</b>		4. Location and/or address of the office where discrimination occurred <b>DHS, Silver Springs Office, 8818 Georgia Avenue, Silver Springs, MD 20910</b>	
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known). <b>Maryland DHS Silver Springs Office, Jennifer Brown, Abibatu Kamara, Violeta Meza, and unknown person(s), will advise</b>			
6. What happened to you? (please include dates of each allegation) <b>Jennifer Brown from Washington County DHS had approved my SNAP Program Benefits but unfairly denied for me and my children medical. Approved SNAP Benefits was then transfered to Silver Springs DHS then closed in error.</b>			
7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, 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: <b>Race (African American/Native American), color (black), disability (right hand permanent physical disability), age (50), sex (male gender), SSDI</b>			
Remedies			
8. How would you like to see this complaint resolved? <b>Reimbursement of monies paid for food on November 15, 2023 from Walmart Capitol One Bank Store Card, economic damages, emotional distress damages, punitive damages, apology letter, corrective actions</b>			
9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? <b>No, I just sent an email to USDA regarding this complaint. I also sent email to Maryland Commission On Civil Rights who stated they lack jurisdiction regarding this complaint and SNAP Program Benefits discrimination</b>			
10. If yes, with what agency or court did you file? <b>n/a (I havent filed with any other agency)</b>		11. If yes, when did you file? (mm/dd/yyyy) <b>N/A</b>	

Complainant Signature

 11/17/2023  
Date

Representative Signature

Date