

Food Assistance Complaint

Use this form to file a complaint about the Food Assistance program. Please call your county office if you have questions about how to fill out this form.

The Department of Human Services (DHS) will not discriminate on the basis of age, color, creed, disability, national origin, political belief, race, religion, or sex.

About the Person Filing the Complaint

Name		
Address		
City	State	Zip code
Phone number ()		

Who is the worker handling this case? _____

Where is the county office located? _____

Summary of Problem

When did the problem happen? _____

Tell us about the problem and sign your name and date in the space below. You may use additional pieces of paper if necessary.

Signature

Date

Please return the completed form to:
Department of Human Services
Field Operations Support Unit, 5th floor
1305 E. Walnut Street
Des Moines, IA 50319-0114