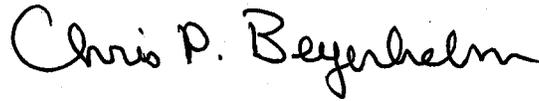


For: FSA Offices

Updated Program Categories in FSA Financial Service (FSA-FS)

Approved by: Associate Administrator for Operations and Management



1 Updated Program Categories in FSA-FS

A Background

To support the 2014 Farm Bill, the program categories within FSA-FS have been updated for Assignments, Joint Payments, and Direct Deposits.

Additionally, updated forms used for electing assignments (CCC-36) and joint payments (CCC-37) are now available. County Office employees shall use the updated forms to enter the election for customers in FSA-FS. See Exhibits 1 and 2 for updated forms.

Assignments can be established in FSA-FS either by using the Payment Category or Program Code option. The Multiple Year Assignment option is used for CRP Annual Rental Payments, to enter multiple years for contracts that extend to 10 or 15 years. See 63-FI, subparagraphs 74 C and 74 D, and subparagraph 91 A for policy and procedures for assignments.

Joint payments can be established by using either the Program Code or Program Category option. See 63-FI, subparagraph 145 C for policy and procedures on establishing joint payments.

B Purpose

This notice provides the following:

- category changes in FSA-FS web application
- updates to CCC-36 and CCC-37 for assignment and joint payment elections.

Disposal Date	Distribution
June 1, 2016	All FSA Offices; State Offices relay to County Offices

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1 Updated Program Categories in FSA-FS (Continued)

C Contacts

If there are questions about this notice, State Offices shall contact the appropriate office as follows.

Issue	Contact
Software-related problems.	Contact the National help Desk at 800-255-2434, or 816-926-1552. Note: Select option 3 for hardware and application software.
Policies or procedures for FSA-FS.	Contact 1 of the following: <ul style="list-style-type: none">• Yanira Sanabria by either of the following:<ul style="list-style-type: none">• e-mail at yanira.sanabria@wdc.usda.gov• telephone at 202-772-6032• MarySue Tolle by either of the following:<ul style="list-style-type: none">• e-mail at marysue.tolle@kcc.usda.gov• telephone at 816-926-5965.

2 FSA-FS Updated Categories for Assignments, Joint Payments, and Direct Deposits

A New Program Categories

The following program categories are available for use when entering new assignments, joint payments, and direct deposits in FSA-FS as required:

- eLoan Deficiency Web Payment (eLDP)
- Conservation Reserve Program Annual Rental (CRP)

Note: CRP Annual Rental is the only program category with a multiple year option.
- Agriculture Risk Coverage Program (ARC)
- Price Loss Coverage (PLC)
- Noninsured Crop Disaster Assistance Program (NAP)
- Emergency Assistance for Livestock Honey Bee, and Farm Raised Fish Program (ELAP)
- Livestock Forage Program (LFP)
- Livestock Indemnity Program(LIP).

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2 FSA-FS Updated Categories for Assignments, Joint Payments, and Direct Deposits (Continued)

B Using Program Category for Specific Program Code in FSA-FS

Some program categories in FSA-FS can be applicable to more than 1 program code as follows.

Category Name	Program Code	Program Alpha Code
eLoan Deficiency Web Payment	5205	XXELDPCOMM
	5207	XXELDPECOMM
Conservation Reserve Program Annual Rental	3101	XXCRP
	3125	XXEFCRPE
	3128	XXWEFCRPE
	3129	XXWEFCRPAR
	3130	XXECP
	3131	XXWECR
	3132	XXWECRPAR
	3140	XXCRPAUTH
Agriculture Risk Coverage	2838	XXARPCO
	2840	XXARCPIC
Price Loss Coverage	2837	XXPLCP
Noninsured Crop Disaster Assistance Program	2775	XXENAP
Emergency Assistance for Livestock, Honey Bees, and Farm Raised Fish Program	2567	XXELAPTF
	2833	XXELAPCCC
Livestock Forage Program	2571	XXLFPTF
	2835	XXLFPCCC
Livestock Indemnity Program	2569	XXLIPTF
	2832	XXLIPCCC

2 FSA-FS Updated Categories for Assignments, Joint Payments, and Direct Deposits (Continued)

C Selecting a Program Category in FSA-FS When Adding Assignment

The “Program Category” and “Program/Contract Year” or “Program Alpha Code” option must be selected, and enter the program or contract year. If the program is not in the drop-down list, click the “Program Alpha Code” button and enter the alpha program code used for the program.

The following is an example of the Add Assignment Screen with the updated program categories.

FSAFS Menu
Welcome ANY PERSON
‣ Pending Changes
‣ Back to Main Menu
Assignments
‣ Assignor View
‣ Assignee View
‣ Add Assignment
Joint payments
‣ View Joint Payment
‣ Add Joint Payment
Direct Deposit
‣ View Direct Deposit
‣ Add Direct Deposit
‣ Direct Deposit Waiver
Customer Profile
‣ Bankruptcy
‣ Other Debt Offsets
‣ Voluntary Withholdings
‣ Involuntary Withholdings
Go To
‣ NPS
‣ NRRS
‣ eFMS
‣ OLP

Add Assignment Help

Work List: MISSISSIPPI (28) - Coahoma (027)
Customer: JANE DOE - xxxxx0000S

All required fields are denoted by an asterisk(*)

Program Category:
 Program/Contract Year:
 Program Alpha Code:

* Assignee Tax ID:
* Amount (\$):
Timestamp Date (mm/dd/yyyy): Entering date indicates complete paper work is on file, and establishes priority of assignment.

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2 FSA-FS Updated Categories for Assignments, Joint Payments, and Direct Deposits (Continued)

D Selecting a Program Category in FSA-FS When Adding a Joint Payment

The following is an example of the Add Joint Payment Screen with updated program categories.

USDA United States Department of Agriculture
Farm Service Agency

Financial Services

FSAFS Home About FSAFS Help Contact Us Exit FSAFS Logout of eAuth

FSAFS Menu
Welcome ANY PERSON
▶ Pending Changes
▶ Back to Main Menu

Assignments
▶ Assignor View
▶ Assignee View
▶ Add Assignment

Joint payments
▶ View Joint Payment
▶ Add Joint Payment

Direct Deposit
▶ View Direct Deposit
▶ Add Direct Deposit
▶ Direct Deposit Waiver

Customer Profile
▶ Bankruptcy
▶ Other Debt Offsets
▶ Voluntary Withholdings
▶ Involuntary Withholdings

Add Joint Payment ? Help

Work List: ARIZONA (04) - Coconino (005)
Customer: JANE DOE - xxxxx0000S

All required fields are denoted by an asterisk(*)

Program Category: Select One...
Program/Contract Year: Select One...
Program Alpha Code: Agricultural Risk Coverage
Conservation Reserve Program Annual Rental
Emergency Assistance Livestock, Honey Bee and Farm Raised Fish Program
Livestock Forage Program
Livestock Indemnity Program
Noninsured Crop Disaster Assistance Program
Price Loss Coverage
eLoan Deficiency Web Payment

*Paymer

* Joint Payee Name:

* Timestamp Date: (mm/dd/yyyy)

Continue Exit

2 FSA-FS Updated Categories for Assignments, Joint Payments, and Direct Deposits (Continued)

E Selecting a Program Category in FSA-FS When Adding a Direct Deposit Account

The following is an example of the Add Direct Deposit Account Screen with updated program categories.

The screenshot displays the 'Add Direct Deposit Account' interface. At the top, there is a navigation bar with links: FSAFS Home, About FSAFS, Help, Contact Us, Exit FSAFS, and Logout of eAuth. Below this, a blue header contains the title 'Add Direct Deposit Account' and a 'Help' icon. The main content area shows the following details:

- Work List:** MISSISSIPPI (28) - Coahoma (027)
- Customer:** (field is empty)

A note states: "All required fields are denoted by an asterisk(*)".

Required fields include:

- *Routing Number: (text input)
- *Account Number: (text input)
- *Account Type: (dropdown menu, currently showing 'Select One...')
- *Owner Type: (dropdown menu, currently showing 'Select One...')

There are also two dropdown menus for 'Payments for':

- Program Category: (dropdown menu, currently showing 'Select One...')
- * Payments For: (dropdown menu, currently showing 'Select One...')

The 'Payments For' dropdown is expanded, showing the following list of program categories:

- Agricultural Risk Coverage
- Conservation Reserve Program Annual Rental
- Emergency Assistance Livestock, Honey Bee and Farm Raised Fish Program
- Livestock Forage Program
- Livestock Indemnity Program
- Noninsured Crop Disaster Assistance Program
- Price Loss Coverage
- eLoan Deficiency Web Payment

On the left side, there is a 'FSAFS Menu' with sections: Welcome ELIZABETH BAXLEY, Pending Changes, Back to Main Menu, Assignments (Assignor View, Assignee View, Add Assignment), Joint payments (View Joint Payment, Add Joint Payment), Direct Deposit (View Direct Deposit, Add Direct Deposit, Direct Deposit Waiver), and Customer Profile (Bankruptcy).

CCC-36

Example of an Updated CCC-36

Following is an example of an updated CCC-36.

This form is available electronically.		Form Approved - OMB No. 0560-0183 <i>See Page 2 for Privacy Act and Public Burden Statements.</i>				
CCC-36 (06-30-15)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation				
ASSIGNMENT OF PAYMENT						
PART A - GENERAL INFORMATION						
1. Producer's (Assignor's) Name and Address (Including Zip Code)			2. Assignee's Name and Address (Including Zip Code)			
3. Producer's (Assignor's) Tax Identification Number (9 Digit Number)			4. Assignee's Tax Identification Number (9 Digit Number)			
PART B - APPLICABLE PROGRAM(S)						
5. Program	6. Assigned Amount for Each Applicable Year					7. State, County, and Reference Number, if Applicable
Agricultural Risk Coverage (ARC)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Price Loss Coverage (PLC)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Conservation Reserve Program Annual Rental (CRP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Emergency Assistance Livestock Honey Bee and Fam-Raised Fish Program (ELAP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Forage Program (LFP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Livestock Indemnity Program (LIP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
eLoan Deficiency Web Payment (eLDP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
Noninsured Crop Disaster Assistance Program (NAP)	YEAR	YEAR	YEAR	YEAR	YEAR	
	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
8. Other Program Name <i>(All CRP, other than annual rental)</i>	9. Program Year or Payment Year		10. Assigned Amount		11. State, County, and Reference Number, if Applicable	
			\$			
PART C - REPRESENTATION OF ASSIGNOR AND ASSIGNEE						
<p><i>In order to assign a cash payment in accordance with the programs specified by the assignor in Items 5 and 8, this form must be completed by both the assignor and the assignee. Assignment is effective for all counties unless specify on Item 7 or Item 11. This assignment is applicable only to programs publicly announced before this form is filed and is subject to the terms stated in this form and the provisions of 7 CFR Part 1404.</i></p> <p><i>The assignee agrees to repay promptly to the Federal Government any amount by which the assigned payment exceeds the amount secured by the assignment. The assignor and the assignee agree that they will promptly notify the county FSA office of any change affecting this assignment. This assignment may be revoked at any time by written request signed by the assignee.</i></p>						
12A. Producer's (Assignor's) Signature (By)		12B. Title/Relationship of the Individual if Signing in a Representative Capacity		12C. Date (MM-DD-YYYY)		
13A. Assignee's Signature (By)		13B. Title/Relationship of the Individual if Signing in a Representative Capacity		13C. Date (MM-DD-YYYY)		
COUNTY FSA COMMITTEE <input type="checkbox"/> ASSIGNEE <input type="checkbox"/> PRODUCER <input type="checkbox"/>						

CCC-36 (Continued)

Example of the Updated CCC-36 (Continued)

CCC-36 (06-30-15)		Page 2 of 2
PART D - REVOCATION OF ASSIGNMENT		
Assignment of payment authorization above is hereby revoked.		
14A. Assignee's Signature (By)	14B. Title/Relationship of the Individual if Signing in a Representative Capacity	14C. Date (MM-DD-YYYY)
FOR COUNTY OFFICE USE ONLY		
15. Receiving State and County	16. Date Filed (MM-DD-YYYY)	17. Time Filed
SPECIAL PROVISIONS RELATING TO ASSIGNMENTS		
<p>A. Assignment is effective for all counties unless a specific county is entered in Item 7 or Item 11.</p> <p>B. If the assignor assigns a specified value of payments to more than one assignee:</p> <ol style="list-style-type: none"> 1. CCC and FSA will recognize assignments for each program per program year or group of years if multi-year is selected. 2. Assignments will be honored in chronological sequence based on the order of filing with the county FSA office. <p>C. The payment due the producer may be applied first against indebtedness owing by the producer to the United States, including debts arising after the execution of a Form CCC-36, which may be offset in accordance with the regulations governing, 7 CFR Parts 3, 1403, and 1951, and any balance will be subject to assignment.</p> <p>D. Neither the United States of America, the Commodity Credit Corporation, the Secretary of Agriculture, any disbursing officer, nor any other Government employee or official shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the assignor without regard to this assignment.</p> <p>E. This assignment does not extend to any successor of the assignee, nor may the assignee re-assign this assignment.</p> <p>F. The assignee's payment is subject to offset for any delinquent Federal debt owed by the assignee.</p>		
18A. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)		
18B. TELEPHONE NO. (Including area code):		
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1404, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to assign payments made under applicable CCC or FSA programs to a designated assignee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to assign applicable CCC or FSA program payments to a designated assignee.</p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0183. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. For certain programs such as ARC, PLC, CRP, ELAP, LIP, and eLDP, this information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (See Pub. L. 113-79, Title I, Subtitle F, Administration and Title II, Subtitle G, Funding and Administration). RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>		
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).</p> <p>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.</p>		

CCC-37

Example of the Updated CCC-37

Following is an example of an updated CCC-37.

This form is available electronically. Form Approved - OMB No. 0560-0183
See Page 2 for Privacy Act and Public Burden Statements.

CCC-37 (06-30-15) **U.S. DEPARTMENT OF AGRICULTURE**
Commodity Credit Corporation

JOINT PAYMENT AUTHORIZATION

PART A - GENERAL INFORMATION

1. Producer's Name and Address (Including Zip Code) 2. Joint Payee's Name and Address (Including Zip Code)

3. Producer's Tax Identification Number (9 Digit Number)

PART B - APPLICABLE PROGRAM(S)

4. Program	5. Program Year or Payment Year	6. State, County, and Reference Number, If Applicable	4. Program	5. Program Year or Payment Year	6. State, County, and Reference Number, If Applicable
Agricultural Risk Coverage (ARC)	FROM TO		Other:	FROM TO	
Price Loss Coverage (PLC)	FROM TO		Other:	FROM TO	
Conservation Reserve Program Annual Rental (CRP)	FROM TO		Other:	FROM TO	
Emergency Assistance Livestock Honey Bee and Farm-Raised Fish Program (ELAP)	FROM TO		Other:	FROM TO	
Livestock Forage Program (LFP)	FROM TO		Other:	FROM TO	
Livestock Indemnity Program (LIP)	FROM TO		Other:	FROM TO	
eLoan Deficiency Web Payment eLDP)	FROM TO			FROM TO	
Noninsured Crop Disaster Assistance Program (NAP)	FROM TO		Other:	FROM TO	
Other (All CRP, other than annual rental):	FROM TO		Other:	FROM TO	

PART C - JOINT PAYMENT AUTHORIZATION

The undersigned producer and joint payee request that CCC or FSA, as applicable, make the payments specified in Item 4 payable jointly to the specified producer and the undersigned joint payee. Both the producer and the joint payee agree that this agreement in no way affects the right of offset by CCC, FSA, or any other Government agency, regardless of the date the debt was incurred. Both the producer and joint payee understand and agree that if the producer files a Form CCC-36, Assignment of Payment, with CCC or FSA, for any program covered by this joint payment authorization, regardless of the date the assignment was filed, the assignment takes precedence and will be honored by CCC and FSA as though the assignment was filed prior to the joint payment authorization. Additional payments or remaining amounts due after assignments have been honored will be made payable to the joint payees identified on this form, subject to the aforementioned right of offset by Government agencies.

This authorization may be revoked at any time by the joint payee by completing Part D of this form or by submitting a written request signed by the joint payee to the local FSA Office making the payment.

7A. Producer's Signature (By)	7B. Title/Relationship of the Individual if Signing in a Representative Capacity	7C. Date (MM-DD-YYYY)
8A. Joint Payee's Signature (By)	8B. Title/Relationship of the Individual if Signing in a Representative Capacity	8C. Date (MM-DD-YYYY)

COUNTY FSA COMMITTEE
 JOINT PAYEE
 PRODUCER

CCC-37 (Continued)

Example of the Updated CCC-37 (Continued)

CCC-37 (06-30-15)		Page 2
PART D - REVOCATION OF JOINT PAYMENT AUTHORIZATION		
<i>Revocation of this authorization requires the signature of the joint payee. Joint payment authorization above is hereby revoked.</i>		
9A. Joint Payee's Signature (By)	9B. Title/Relationship of the Individual if Signing in a Representative Capacity	9C. Date (MM-DD-YYYY)
FOR COUNTY OFFICE USE ONLY		
10. Receiving State and County	11. Date Filed (MM-DD-YYYY)	12. Time Filed
SPECIAL PROVISIONS RELATING TO JOINT PAYMENT AUTHORIZATION		
<p>A. The original of this joint payment authorization, properly executed, must be filed in the Farm Service Agency office.</p> <p>B. CCC and FSA will recognize only 1 joint payment authorization at any given time per producer for each program per program year or group of years if multi-year is selected.</p> <p>C. Neither the United States of America, the Commodity Credit Corporation, the Secretary of Agriculture, any disbursing officer, nor any other Government employee or official shall be subject to any suit or liable for payment of any amount if payment is inadvertently made to the producer without regard to this joint payment authorization.</p> <p>D. This joint payment authorization does not extend to any successor of the joint payee.</p> <p>E. This joint payment authorization is effective for all counties unless specify on Item 6.</p> <p>F. This joint payment authorization is subject to offset for any delinquent Federal debt owed by the producer.</p>		
13A. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)		
13B. TELEPHONE NO. (Including area code):		
<p>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714) and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to make payments made under applicable CCC or FSA programs jointly payable to the producer and designated joint payee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to make applicable CCC or FSA program payments jointly payable to the producer and designated joint payee.</p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0183. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. For certain programs such as ARC, PLC, CRP, ELAP, LIP, and eLDP, this information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (See Pub. L. 113-79, Title I, Subtitle F, Administration and Title II, Subtitle G, Funding and Administration). RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>		
<p>The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).</p> <p>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.</p>		