			Form	n Approve	ed - OMB	No. 056	60-0120				
WA-562 U.S. DEPARTMENT OF AGRICULTURE											
(01-21-04) Farm Service Agency											
SUBSEQUENT EXAMINATION REPORT (Processed Commodities)											
N O	the following data. This information will be used to determine eligibility of warehouses for storing Government-owned Commodity Credit Corporation may cancel the applicable Storage Agreement. This information may be furnished to a information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforceme	cordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. 7 CFR Part 1423.4 authorizes the collection of Il be used to determine eligibility of warehouses for storing Government-owned or loan commodities. Furnishing the data is voluntary; however, without it the neel the applicable Storage Agreement. This information may be furnished to any agency responsible for enforcing the provisions of the contract. This gencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The									
Ţ	provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001, 15 U.S.C. 714m, and										
E	cording 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 mber. The valid OMB control number for this information collection is 0560-0120. The time required to complete this information collection is estimated to average 30 minutes per versions en juding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS DMPLETED FORM TO KANSAS CITY COMMODITY OFFICE (KCCO), WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205 KANSAS CITY, MO 64141-6205.										
1A. N	AME AND ADDRESS OF WAREHOUSE 2. CODE NO.		3. LICENSE NO.		4. EXPIR		DATE				
				(MM-DD-YYYY)							
	HONE NO. FAX NO.										
(Area C 1B H	Code): (Area Code): EADQUARTERS ADDRESS OF WAREHOUSE 5. TYPE OF S	TORAGE									
		IONAOL	-								
		_	-			_					
TELEP	HONE NO. FAX NO. DR	Y	COOLER	FF	REEZER						
(Area C	Code): (Area Code):		L								
	A - MANAGEMENT AND FACILITIES	ation wh	()								
6. NAI	ME OF WAREHOUSE MANAGER OR SUPERINTENDENT (if changed since last examination of the second state of the second secon	ation, pie	ease comment)			YES	NO				
7. DO	ES WAREHOUSE MAINTAIN SATISFACTORY RECORDS? (if "NO," issue WA-125)										
	E THE FOLLOWING IN ACCEPTABLE CONDITION? (if "NO," issue WA-125)										
A . F	LOORS										
в. V	VALLS										
C . [DOORS										
D. WINDOWS											
E. ROOF											
PART	B - STORAGE CONDITIONS										
9. ARE ANY DAMAGED CONTAINERS EVIDENT IN GOVERNMENT-OWNED STOCKS (if "YES," was Form WA-570 issued?)							NO				
10. IF WA-570 WAS NOT ISSUED, EXPLAIN:											
11. AR	E COMMODITIES STACKED TO PROVIDE:										
A.S	UFFICIENT CLEARANCE FROM WALLS? (if "NO," issue WA-125)										
B. READY LOT IDENTITY AND INVENTORY VERIFICATION (if "NO," issue WA-125)											
12. DOES IT APPEAR THAT VENTILATION IS ADEQUATE? (if "NO, issue WA-125)											
13. IF DRY STORAGE, IS WAREHOUSE HEATED?											
14. IF COOLER OR FREEZER:											
A. ARE COMMODITIES PROTECTED FROM:											
(1) DAMAGE FROM REFRIGERATION COILS? (<i>if "NO," ISSUE WA-125</i>)											
(2) CONDENSATION FROM REFRIGERATION COILS? (if "NO," issue WA-125)											
B. ARE CONTRACT TEMPERATURES AND HUMIDITIES MAINTAINED? (if "NO," issue WA-125)											
C. DOES WAREHOUSE OPERATOR KEEP REQUIRED TEMPERATURE AND/OR HUMIDITY RECORDS? (<i>if "NO, issue WA-125</i>) 15. DID YOU NOTE ANY UNUSUAL ACCUMULATION OF RUBBISH OR OTHER UNSATISFACTORY HOUSEKEEPING CONDITIONS											
(if "YES," issue WA-125)											
16. ARE ANY HAZARDOUS OR ODOROUS CHEMICALS OR OTHER MATERIALS STORED IN OR NEAR CCC APPROVED SPACE (INCLUDING ADJACENT ROOMS OR ATTACHED BUILDINGS)? (<i>if</i> "YES," <i>issue WA-125</i>)											

17. ARE CCC-OWNED COMMODITIES STORED ONLY IN SPACE COVERED BY CONTRACT? (if "NO," issue WA-125) 18. ARE PALLETS OR ADEQUATE DUNNAGE USED WHERE THERE IS DANGER OF MOISTURE ABSORPTION AND UNDER COMMODITIES REQUIRING AERATION? (if "NO," issue WA-125) 19. ARE "SAMPLE" UNITS, IF ANY, IN FRONT OF RELATED LOTS OR IN SAME ROOM? (if "NO," issue WA-125) 19. ARE "SAMPLE" UNITS, IF ANY, IN FRONT OF RELATED LOTS OR IN SAME ROOM? (if "NO," issue WA-125)	WA-562 (Page 2) (01-21-04) PART B - STORAGE CONDITIONS (continued)								
		,	ED BY CONTRACT? (if "NO,"	" issue WA	-125)					
20. ALARM SYSTEM (# TYES: 'indicate type below:) YES NO 21. AUTOMATIC SPRINKLER: WET DRY			ANGER OF MOISTURE ABS	ORPTION	AND UNDER COMMO	DDITIES				
20. ALARM SYSTEM (# "YES." indicate type below:) YES NO 21. AUTOMATIC SPRINKLER: WET DRV	19. ARE "SAMPLE" UNITS, IF ANY, IN FRONT	OF RELATED LOTS OR IN	SAME ROOM? (if "NO," issue	WA-125)						
21. AUTOMATIC SPRINKLER: WET DRV	PART C - FIRE PROTECTION									
22. ARE INSIDE STANDPIPES AND HORSE PROVIDED? 24. DATE EXTINGUISHERS: 24. DATE EXTINGUISHERS: 23. FIRE EXTINGUISHERS: NO SIZE NO SIZE NO 24. DATE EXTINGUISHERS: Idea Standard Stand		pe below.)								
22. ARE INSIDE STANDPIPES AND HORSE PROVIDED? 24. DATE EXTINGUISHERS: 24. DATE EXTINGUISHERS: 23. FIRE EXTINGUISHERS: NO SIZE NO SIZE NO 24. DATE EXTINGUISHERS: Idea Standard Stand										
23. FIRE EXTINGUISHER LAST SERVICED 24. DATE EXTINGUISHER LAST SERVICED 25. OAC DESWAREHOUSE OPERATOR HAVE A CONTRACT WITH A COMMERCIAL INSECT 25. DESWAREHOUSE OPERATOR HAVE A CONTRACT WITH A COMMERCIAL INSECT 26. NORE AND ADDRESS OF FIRM 27. COmment on the insect ontrol program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect 27. Comment on the insect control program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect 27. Comment on the insect control program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 29. FORGED 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 20. FORGED 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 20. FORGED 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 20. FORGED 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 20. FORGED 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent 20. FORGED 20. THE ST SERVICED 20.	21. AUTOMATIC SPRINKLER: WET	DRY								
23. FIRE EXTINGUISHERS:	22. ARE INSIDE STANDPIPES AND HOS	SES PROVIDED?						Ļ		
		017E		_						
AD RODENT CONTROL FIRM? If YES' Comment in item 27. RODENTS: NO If YES' Comment in item 28. INSECTS: NO If YES' Comment in the insect control program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect activity.) Action TakEn B. C. D. E. (1) SPRAYED ATERIAL USED AREA TREATED SERVICED BY (2) FOGGED Insects to KCCO nesting location found. Insectivity.) Note any evidence of rodent activity.) 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) 29. FOGGED Instrument on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) 20. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) 20. FORGED Instrest Adm Instruments Instruments <td>PART D - WAREHOUSE INSECT IN</td> <td>FESTATION AND RO</td> <td>DENT CONTROL INFO</td> <td>ORMATI</td> <td>ON</td> <td>,</td> <td></td> <td></td>	PART D - WAREHOUSE INSECT IN	FESTATION AND RO	DENT CONTROL INFO	ORMATI	ON	,				
INSECTS: NO CONTROL RODENTS: NO CONTROL RODENTS: NO CONTROL Resources and evidence of insect activity.) Note any evidence of insect activity, if found issue WA-125. Send specimen(s) of unidentified insects to KCCO nesting location found. A CTON TAKEN DATE DATE MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED (2) FOGGED 23. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity. If found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (2) FOGGED 24. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity. If found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A CTION TAKEN B. C. D. E. F. SERVICED BY 25. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity. If found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A CTION TAKEN B. C. D. F. SERVICED BY ACTION TAKEN LAST SERVICED ACTION TO			H A COMMERCIAL INSEC	CT 26	. NAME AND ADDR	ESS OF FIRM				
27. Comment on the insect control program used and its effectiveness (control measures and evidence of insect activity.) Note any evidence of insect activity , if found issue WA-125. Send specimen(s) of unidentified insects to KCCO nesting location found. A B. C. D. C. D. AREA TREATED SERVICED BY (1) SPRAYED (2) FOGGED (2) FOGGED (2) FOGGED (2) FOGGED (2) FOGGED (3) SPRAYED (4) Service of insect activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (2) FOGGED (3) SPRAYED (4) Service of insect activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (2) FOGGED (3) SPRAYED (4) Service of insect activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (2) FOGGED (3) SPRAYED (4) Service of insect activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (5) Senvice of rodent activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (5) Senvice of rodent activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (7) Senvice of rodent control program used and its effectiveness (control measures and evidence of rodent activity.) IN the any evidence of rodent activity if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. (5) Senvice of the set of		PODENTS	S If "YES" Comment in Ite	em 28.						
A. TON TAKEN B. DATE C. MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED ILAST SERVICED MATERIAL USED AREA TREATED SERVICED BY (2) FOGGED ILAST SERVICED ILAST SERVICED ILAST SERVICED ILAST SERVICED (2) FOGGED ILAST SERVICED ILAST SERVICED ILAST SERVICED ILAST SERVICED (2) FOGGED ILAST SERVICED ILAST SERVICED ILAST SERVICED ILAST SERVICED 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) INTER ACTION TAKEN ILAST SERVICED ILAST SERVICED BY RODENT CONTROL DATE NO. OF TRAPS NO. OF BAIT STATIONS INTRAPMENT(S) (IDENTIFY) SERVICED BY 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? ILAST SERVICED YES NO 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? ILAST SERVICED ILAST SERVICED ILAST SERVICED 21. F 'YES, 'LAVE CONDITIONS FOUND DURING THIS EXAMINATION? ILAST SERVICED ILAST SERVICED ILAST SERVICED ILAST SERVICED 23. IF 'NO,' IN ITEM 31, WERE CONDITIONS CORRECTED? ILAST SERVICED ILAST SERVICED ILAST SERVICED ILAST SERVICED <				d evidend	e of insect activity.)	Note any evidend	e of ins	ect		
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED	activity , if found issue WA-125. Se	nd specimen(s) of unid	entified insects to KCCC) nesting	location found.					
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED										
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED										
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED MATERIAL USED AREA TREATED SERVICED BY (1) SPRAYED										
SINCE LAST EXAM LAST SERVICED International order International order International order (1) SPRAYED International order International order International order International order (2) FOGGED International order International order International order International order 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity , if found issue WA-125. Send speciment(s) of unidentified rodent to KCCO nesting location found. International order A. TOTION TAKEN DATE No. OF TRAPS No. OF BAIT STATIONS ENTRAPMENT(S) (IDENTIFY) RODENT CONTROL International order International order International order International order 9. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? International order International order International order 30. IF "YES," HAVE CONDITIONS FOUND DURING THIS EXAMINATION? International order International order International order 31. WERE ANY ADVERSE CONDITIONS FOUND DURING THIS EXAMINATION? International order International order International order 33. IF "NO," IN ITEM 31, WERE CONDITIONS CORRECTED? Internatid adordrea order order order order order order order or		MA	-							
(2) FOGGED 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity. if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. 28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity. if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A. B. C. D. E. F. SINCE LAST EXAM DATE NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER SERVICED BY RODENT CONTROL PART E - GENERAL YES NO 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Service of the servi			MATERIAL USED							
28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) In the activity of found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A. B. C. D. E. F. SINCE LAST EXAM DATE NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER SERVICED BY RODENT CONTROL NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER SERVICED BY PART E - GENERAL YES NO. YES NO. 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions Corrected? Image	(1) SPRAYED									
28. Comment on the rodent control program used and its effectiveness (control measures and evidence of rodent activity.) Note any evidence of rodent activity.) Note any evidence of rodent activity.) In the activity of found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A. B. C. D. E. F. SINCE LAST EXAM DATE NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER SERVICED BY RODENT CONTROL NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER SERVICED BY PART E - GENERAL YES NO. YES NO. 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions BEEN CORRECTED? Image: Conditions Corrected? Image										
activity , if found issue WA-125. Send specimen(s) of unidentified rodent to KCCO nesting location found. A. B. C. D. F. ACTION TAKEN DATE NO. OF TRAPS NO. OF BAIT STATIONS ENTRAPMENT(S) (IDENTIFY) SERVICED BY RODENT CONTROL PART E - GENERAL YES NO. 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Service of Agriculture State of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political ballets, sexual			and control manageros an	d ovidon	co of rodopt activity		co of ro	dont		
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER ENTRAPMENT(S) (IDENTIFY) SERVICED BY RODENT CONTROL						indle ally eviden		uent		
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER ENTRAPMENT(S) (IDENTIFY) SERVICED BY RODENT CONTROL										
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER ENTRAPMENT(S) (IDENTIFY) SERVICED BY RODENT CONTROL										
ACTION TAKEN SINCE LAST EXAM DATE LAST SERVICED NO. OF TRAPS NO. OF BAIT STATIONS NO. OF OTHER ENTRAPMENT(S) (IDENTIFY) SERVICED BY RODENT CONTROL			1 5			1 -				
RODENT CONTROL YES NO PART E - GENERAL YES NO 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Conditions Been Corrected? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions Been Corrected? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions Found During THIS EXAMINATION? Image: Conditions Corrected?	ACTION TAKEN DATE	NO OF TRAPS			NO. OF OTHER SERV					
PART E - GENERAL YES NO 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Conditions BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101 Image: Conditions Found During This Examination? Image: Conditions Found During This Examination? Image: Conditions Found During This Examination? Image: Conditions Corrected? Image: Condit Corrected? Image: Conditited Corrected?										
YES NO 29. WAS FORM WA-125 ISSUED DURING LAST EXAMINATION? Image: Constant of the second										
30. IF "YES," HAVE CONDITIONS BEEN CORRECTED? IF "NO," EXPLAIN ON FORM WA-101	PARTE-GENERAL						YES	NO		
31. WERE ANY ADVERSE CONDITIONS FOUND DURING THIS EXAMINATION?	29. WAS FORM WA-125 ISSUED DURIN	G LAST EXAMINATION	?							
31. WERE ANY ADVERSE CONDITIONS FOUND DURING THIS EXAMINATION?										
32. IF "YES," IN ITEM 31, WERE CONDITIONS CORRECTED? 33. IF "NO," IN ITEM 31, WAS FORM WA-125 ISSUED? 34. WAS PHYSICAL INVENTORY TAKEN? (NOTE TOTAL NUMBER OF LOTS OF EACH PRODUCT ON FORM WA-101) 35A. SIGNATURE OF WAREHOUSE EXAMINER The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual										
33. IF "NO," IN ITEM 31, WAS FORM WA-125 ISSUED? 34. WAS PHYSICAL INVENTORY TAKEN? (NOTE TOTAL NUMBER OF LOTS OF EACH PRODUCT ON FORM WA-101) 35A. SIGNATURE OF WAREHOUSE EXAMINER The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual										
34. WAS PHYSICAL INVENTORY TAKEN? (NOTE TOTAL NUMBER OF LOTS OF EACH PRODUCT ON FORM WA-101) 35A. SIGNATURE OF WAREHOUSE EXAMINER 35B. DATE (<i>MM-DD-YYYY</i>) The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual										
35A. SIGNATURE OF WAREHOUSE EXAMINER 35B. DATE (<i>MM-DD-YYYY</i>)										
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual										
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual										
	The U.S. Department of Agriculture (USDA) prohibits dis	crimination in all its programs and	activities on the basis of race, colo	or, national	origin, gender, religion, age	, disability, political belief	s, sexual			

no exis. Department of might generate the second of the second program and the base second of the base second of the second program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.