



COMPLAINT FORM FOR ALLEGATIONS OF PROGRAM DISCRIMINATION BY THE SOCIAL SECURITY ADMINISTRATION

PURPOSE OF THIS FORM: The purpose of this form, SSA-437-BK, is to help you file a complaint of discrimination about a program or activity conducted by the Social Security Administration (SSA).

SSA POLICY: SSA policy requires us to conduct our programs and activities in a way that does not discriminate on the basis of: race, color, national origin (including limited ability to communicate in English), religion, sex (including sexual orientation and gender identity), disability, age, or parental status. No SSA officer, employee or agent may intimidate, threaten, harass, coerce, discriminate or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who has participated in any manner in an investigation or other proceeding raising allegations of discrimination.

FILING A COMPLAINT OF DISCRIMINATION: If you think that an SSA employee or Administrative Law Judge (ALJ) acted upon your claim based on bias or discrimination instead of the facts of your case, you may file a complaint of discrimination by using this form. Instead of using this form, you may write a letter stating the same information required by this form. If your letter is missing information, we will send you a copy of this form. We investigate complaints of discrimination that are complete, timely and within our jurisdiction.

Do not file a complaint of discrimination if you experienced a **customer service problem** not related to discrimination. Instead, contact SSA at <https://faq.ssa.gov/ics/support/ticketnewwizard.asp?style=classic&type=feedback>.

COMPLAINTS ABOUT DECISIONS ON CLAIMS FOR PROGRAM BENEFITS: Do not file a complaint of discrimination if your complaint concerns a benefits decision you disagree with. If you want to ask SSA to change its decision about your benefits claim under a program SSA administers (such as DIB, SSI, child's benefits, widow's benefits, or retirement), **you must follow the procedures and deadlines for appealing the decision as described in the notice of appeal rights included with the decision.** If you believe SSA's benefits decision was based on discrimination, you must state this in your appeal and provide the facts on which you base your allegation.

IMPORTANT: If you disagree with an action SSA took on a claim for benefits, our program rules require you to appeal the action within a specific time period. **Filing a complaint of discrimination using this form** (or a letter stating the same information required by this form) **to complain that an SSA employee or Administrative Law Judge (ALJ) acted upon your claim for benefits based on bias or discrimination instead of the facts of your case will not extend the deadline for filing an appeal.**

COMPLAINTS ABOUT EMPLOYMENT WITH SSA: Do not use this form if your complaint concerns employment with SSA. Instead, you must contact an SSA Equal Employment Opportunity (EEO) Counselor within 45 days of the action you believe was based on discrimination. Contact an EEO Counselor at (866) 744-0374 or through SSA's Office of Civil Rights and Equal Opportunity intranet website.

FILING DEADLINE: You must file a complaint of discrimination within **180 days** of the action you allege was based on discrimination. If the action took place more than 180 days ago, you must explain why you waited to file the complaint. SSA will waive the 180-day deadline if we believe you had good cause for filing late. We must dismiss complaints filed late without good cause.

FILING A COMPLAINT BY MAIL OR EMAIL: To file a complaint of discrimination, you or someone helping or representing you, should complete a signed and dated copy of this form (or a letter stating the same information required by this form). If your complaint of discrimination is incomplete or unsigned, we will send it back to you for correction which will delay our consideration of your complaint. Save a copy of your completed complaint of discrimination. Mail the original to the appropriate regional SSA office listed at the end of the instructions section. You may choose to email your complaint of discrimination as an attachment to program.complaint.intake@ssa.gov. Communication by unencrypted email presents a risk that unauthorized third parties could intercept your personally identifiable information.

IDENTIFYING THE APPROPRIATE REGIONAL OFFICE. If you are mailing your complaint of discrimination, please send it to the regional office covering the state where the alleged discrimination occurred. If you allege discrimination occurred when interacting with SSA online, by email, or by telephone with SSA's centralized customer service support, please use the regional office covering the residence of the person allegedly discriminated against.

QUESTIONS. For questions about or assistance with the civil rights discrimination complaint process, you or someone helping or representing you may reach us by email as described above or by telephone, toll-free, at (866) 574-0374. You may also send a letter to the appropriate regional SSA office.

Program Discrimination Complaint Form

1. Person(s) allegedly discriminated against. For additional persons, please provide information on a separate sheet.

Name

Address

City	State	ZIP
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Daytime phone number(s)

Social Security Number

2. Person(s) completing this form, if different from person identified in question 1.

Address

City	State	ZIP
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Daytime phone number(s)

3. Please explain your relationship to any person(s) identified in question 2:

4. It is against SSA policy for a program conducted by SSA to discriminate against you based on your race, color, national origin (including limited ability to communicate in English), religion, sex (including sexual orientation and gender identity), disability, age, and parental status. (Note: Not all of these bases apply to all of SSA's programs.) It also is against SSA policy to retaliate against you because you filed a discrimination complaint or to retaliate against anyone who assisted you in filing a complaint. Please tell us why you believe you were discriminated against.

5. On what date(s) did the alleged discrimination take place?

6. Complaints must generally be filed within 180 days of the alleged discrimination. If the date of discrimination listed above is more than 180 days ago, you may request a waiver of the time limit for filing a complaint. If you wish to request a waiver, please explain why you waited until now to file your complaint.

7. Please describe the action SSA took that you believe was based on discrimination or the SSA policy, procedure, or practice that you believe is discriminatory. Explain why you believe you were discriminated against. Identify any people you allege are treated differently than you because of discrimination. Give the name(s) of anyone involved and describe what they did. If the action happened in an SSA office, give the office's address (street, city, State). If the action happened during a phone call with SSA, give the number you called or were called from, whom you talked to, and the date and time of the call. You may use additional sheets if necessary. You may also attach copies of any documents that will help us understand what happened.

8. If you believe that you were retaliated against for filing or participating in a prior discrimination complaint, please explain the circumstances below. Be sure to explain how you were retaliated against and describe what actions you took that you believe led to the retaliation.

9. Please list the names, addresses, and phone numbers of any persons who may have witnessed, or have additional information about, the action(s) that are the subject of your complaint. If the person is an SSA employee, it is sufficient to give the employee's name and the name or location of the SSA office.

Name	Address	Phone Number

10. Did you write to or talk with any SSA official(s) about the actions you believe to be discrimination? If so, give the name of the person(s) you talked to, the address of the person's office (street, city, State) or the phone number you called, the date(s) you talked, and describe what happened.

11. What would you like SSA to do as a result of your complaint? What remedy or accommodation are you seeking because of the discrimination you allege?

12. Have you, or has the person allegedly discriminated against, filed a complaint about this matter with any other agency or organization? Yes No

12A. If yes, identify the name and location of the office(s) where the complaint was filed.

12B. When was the complaint filed? _____
MM/DD/YYYY

13. How did you learn that you could file this complaint?

14. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Signature of person allegedly discriminated against	Date
Signature of person completing this form	Date

If someone is helping or representing the person allegedly discriminated against (identified in Question 1) to file this complaint of discrimination, both of you must sign and date this form. If the person allegedly discriminated against is not able to sign and date this complaint form, please explain why, and be sure to complete Question 1 so we can contact that person.

WHERE TO FILE THIS COMPLAINT

REGION 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Civil Rights Coordinator
Office of General Counsel, Region 1
Social Security Administration
J.F.K. Federal Building, Room 625
15 New Sudbury Street
Boston, MA 02203

REGION 2: New York, New Jersey, Puerto Rico, U.S. Virgin Islands

Civil Rights Coordinator
Office of the General Counsel, Region 2
Social Security Administration
26 Federal Plaza
Room 3904
New York, NY 10278

Region 3: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, the District of Columbia

Civil Rights Coordinator
Office of the General Counsel, Region 3
Social Security Administration
PO Box 41777
Philadelphia, PA 19101

Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Civil Rights Coordinator
Office of the General Counsel, Region 4
Social Security Administration
Atlanta Federal Center
61 Forsyth Street
Suite 20T45
Atlanta, GA 30303

REGION 5: Ohio, Michigan, Illinois, Indiana, Wisconsin, Minnesota

Civil Rights Coordinator
Office of the Regional Chief Counsel, Region 5
Social Security Administration
Social Security Administration
200 West Adams Street, 30th Floor
Chicago, IL 60606

REGION 6: Arkansas, Louisiana, Oklahoma, New Mexico, Texas

Civil Rights Coordinator
Office of the General Counsel, Region 6
Social Security Administration
1301 Young Street, Suite A-702
Dallas, TX 75202-5433

REGION 7: Iowa, Kansas, Missouri, and Nebraska

Civil Rights Coordinator
Office of the General Counsel, Region 7
Social Security Administration
601 East 12th Street, Room 965
Kansas City, MO 64106

REGION 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Civil Rights Coordinator
Social Security Administration
Office of the General Counsel, Region VIII
1961 Stout Street, Suite 04-169
Denver, CO 80294

REGION 9: Arizona, California, Nevada, Hawaii, Guam, American Samoa, Saipan

Civil Rights Coordinator
Office of the General Council, Region 9
Social Security Administration
160 Spear Street, Suite 800
San Francisco, CA 94105-1545

REGION 10: Alaska, Idaho, Oregon, and Washington

Civil Rights Coordinator
Office of the General Counsel, Region 10
Social Security Administration
701 Fifth Avenue,
Suite 2900, M/S 221A
Seattle, WA 98104-7075

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect SSA's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

Braille Large Print CD with Word file Audio CD Electronic mail TDD

Sign language interpreter (specify language): _____

Foreign language interpreter (specify language): _____

Other (specify): _____

To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one)

Hispanic or Latino Not Hispanic or Latino

RACE (select all that apply)

Native American Asian Native Hawaiian or Other Pacific Islander
 Black or African American White Other (specify): _____

Preferred Language (if other than English): _____

Privacy Act Statement Collection and Use of Personal Information

Complainants and individuals who cooperate in an investigation by the Social Security Administration (SSA) into an allegation of discrimination are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

SSA may collect information concerning complaints of program discrimination pursuant to 5 U.S.C. § 301, 29 U.S.C. § 794(a), 42 U.S.C. § 902(a)(5), 45 C.F.R. Part 85, 20 C.F.R. § 405.30, and Executive Orders 13160 and 13166. The responses you provide will be used to make a decision on how we will process your complaint. Your responses are voluntary; however, we may be unable to proceed with processing your complaint if you choose not to provide the requested information. You do not have to use this form. You may also write a letter that includes all of the requested information.

We rarely use the information you provide for any purpose other than for processing your complaint. We may, however, disclose the information in accordance with routine uses of the Privacy Act (5 U.S.C. § 552a(b)), which include, but are not limited to, the following:

1. To a congressional office on behalf of an individual in response to an inquiry made at the request of the individual who is the subject of the record;
2. To the Office of the President for the purpose of responding to an individual pursuant to an inquiry from that individual or from a third party on the individual;
3. To another Federal agency or to a court or third party in litigation when the Government is a party to a suit before the court;
4. To a Federal, State, or local agency for law enforcement purposes concerning a violation of law;
5. To the Department of Justice, the Equal Employment Opportunity Commission, or other Federal and State agencies when necessary for the administration or enforcement of civil rights laws or regulations.

Complaint records are exempted as investigatory material, compiled for law enforcement purposes, from certain Privacy Act access, amendment, correction, and notification requirements (5 U.S.C. § 552a(k)(2)). However, a complainant or any member of the public may request release of this information under the provisions of the Freedom of Information Act (5 U.S.C. § 552).

A complete list of routine uses for this information is contained in our System of Records Notice 60-0275, Civil Rights Complaints Filed by Members of the Public. Additional information regarding this form and our other system of records notices and Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

The Paperwork Reduction Act - This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 1 hour to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address; do not send the complaint form to this address.***