

**MDHHS-6033-A, APPEAL OF THE LOCAL AGENCY  
FAIR HEARING DECISION REQUEST**

Michigan Department of Health and Human Services (MDHHS)  
(New 1-24)

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Mail this request to

Michigan Department of Health and Human Services  
Director, WIC Program  
Elliott-Larsen Building  
320 South Walnut Street  
Lansing, MI 48913

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My name is.

Telephone/Message Phone

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Address

City

State

Zip Code

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I go to this WIC clinic.

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I want a Fair Hearing because.

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An interpreter can help you if you do not speak or understand English well or if you are hearing impaired.  
This service is free of charge.

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**Check all that apply.**

☐ I do not speak or understand English well and would like an interpreter.

- I speak \_\_\_\_\_

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☐ I plan to bring a witness who does not speak or understand English well. I would like an

- Interpreter for my witness
- The witness speaks \_\_\_\_\_

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☐ I am hearing impaired and would like an interpreter.

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☐ I plan to bring a helper who is hearing impaired and would like an interpreter for my

- Interpreter for my witness

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Signature

Date

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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:** (833) 256-1665 or (202) 690-7442; or
- (3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.