United States Attorney's Office

Civil Rights Complaint Form

The United States Attorney's Office (USAO), in coordination with the Civil Rights Division of the United States Department of Justice, is charged with enforcing the federal civil rights laws throughout the . We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws. The USAO is primarily a litigating office and not an investigative office. The information you provide on this complaint form may be forwarded to the appropriate law enforcement and/or administrative agency at the discretion of this office.

Person filing complaint:		**Person/Entity you are filing complaint about:**	
Name		Name of Person or Entity	
Address		Address	
Address (Line 2)		Address (Line 2)	
City, State	Zip	City, State	Zip
County	Phone	County	Phone
email:		email:	

Nature of Alleged Civil Rights Violation (please check specific area(s) that apply to your complaint):

- ☐ Abortion Clinic Access
- ☐ Credit/Lending Opportunities
- ☐ Disability Rights or Access
- ☐ Educational Opportunities
- ☐ Employment Discrimination**
- ☐ Hate Crime
- ☐ Housing Discrimination
- ☐ Human Trafficking
- ☐ Law Enforcement Misconduct
- ☐ Military/Veteran Status
- ☐ Prisoner or Institutionalized Person Rights
- ☐ Race/National Origin
- ☐ Religious Liberties
- ☐ Voting Rights
- ☐ Other:_____

**Note: "Employment Discrimination" includes Immigration Related Unfair Employment Practices

Please clearly describe the violation of the civil rights laws that you would like to bring to our attention. Include as much information as possible, including the date, place, nature of incident, and contact information for any witnesses (please include copies of supporting documentation, but do not send original documents):

<Attach additional page(s) if necessary>

Do you believe that the violation of civil rights described in this complaint is part of, or results from, a policy, pattern, or practice on the part of the person or entity named above? If so, please describe the policy, pattern, or practice in detail and identify others who you believe were subjected to the same or similar treatment:

_____

_____

_____

Are you represented by an attorney in this matter? [ ] Yes [ ] No If yes, please provide name of attorney, address and phone number.

Name _____ Phone _____

Address _____

Have you filed a lawsuit concerning this matter? [ ] Yes [ ] No If yes, please provide the case name, court in which the case was brought, and the status of the case.

_____

_____

_____

Have you filed a complaint about this matter with any other federal, state, or government agency? [ ] Yes [ ] No If yes, please list the agency, contact person, phone, and status of the complaint.

_____

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_____

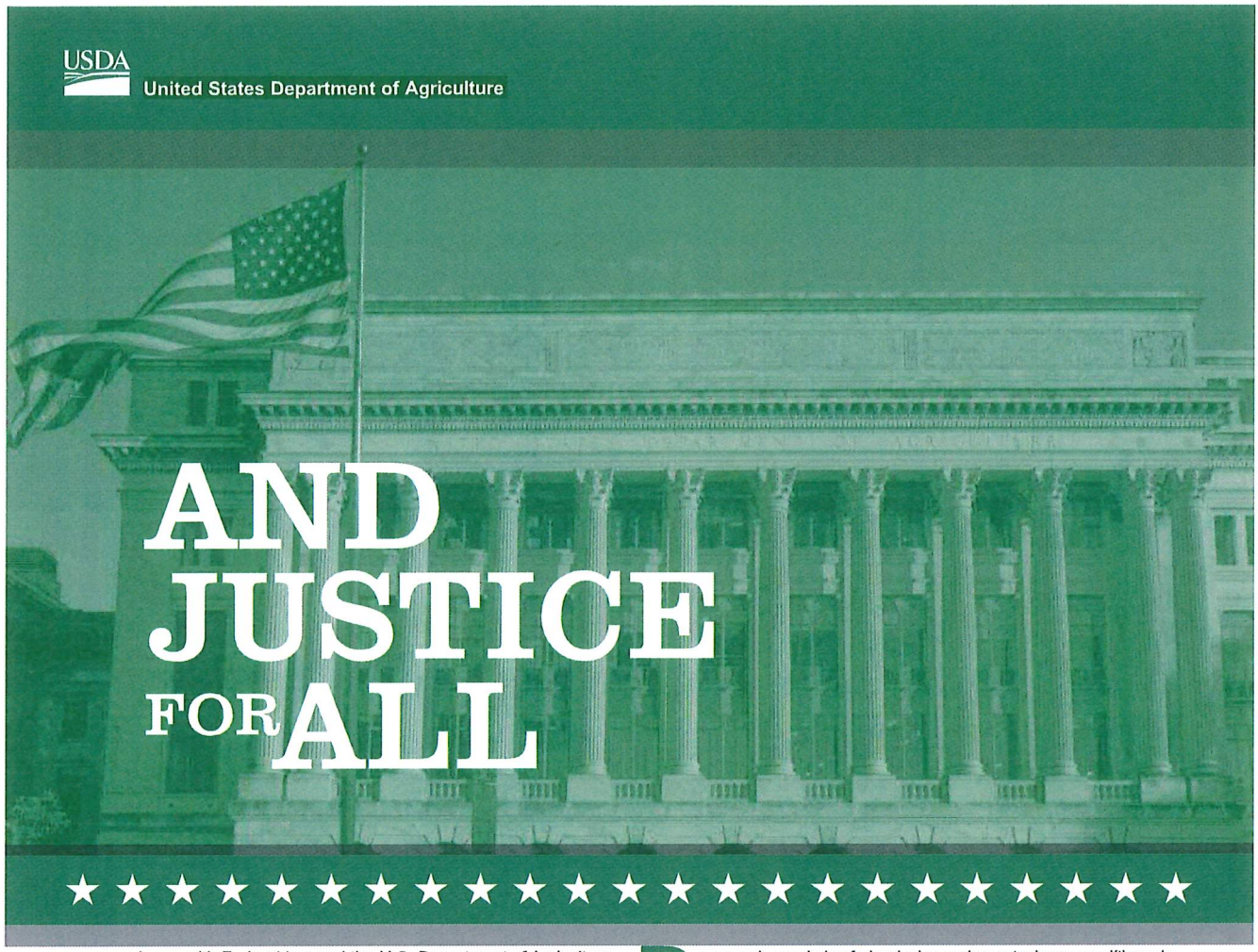
Although the volume of information we receive from concerned members of the public prevents us from responding to every complaint we receive, be assured that we will carefully consider the information you have provided us to determine whether a violation of the federal civil rights laws may have occurred and, if so, whether the United States Department of Justice through the United States Attorney's Office or another agency has enforcement authority with respect to such a violation. This Office has the discretion to determine if your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate, or should be referred to another agency for investigation.

*****SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT YOU HAVE NOT COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OFFICE HAS NOT INITIATED A SUIT OR PROCEEDING ON YOUR BEHALF. IF YOU BELIEVE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED AND YOU INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY.**

Signature: _____ **Date**: _____

Mail, Fax or Email your completed complaint form along with any supporting documentation to the following:

USDA
United States Department of Agriculture



AND JUSTICE FOR ALL

In accordance with Federal law and the 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 (including English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases apply to all programs)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotape, American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY).

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/ad-3027.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 Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

email:
program.intake@usda.gov

This institution is an equal opportunity provider.

De acuerdo con la ley federal y las reglamentaciones y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (U.S. Department of Agriculture, USDA), esta institución tiene prohibido discriminar por motivos de raza, color o país de origen (incluyendo dominio limitado del inglés), religion, sexo, discapacidad, edad, estado civil, estado familiar / parental, ingresos provenientes de un programa de asistencia pública, creencias políticas, represalias o venganza por haber participado anteriormente en actividades relacionadas con los derechos civiles en cualquier programa o actividad llevado a cabo o financiado por el USDA. (No todas las causas de discriminación prohibidas se aplican a todos los programas).

La información del programa puede estar disponible en idiomas distintos al inglés. Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información del programa (p. ej., braille, letra grande, cintas de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o comunicarse con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY).

Para presentar una queja por discriminación en el programa, el reclamante debe completar el formulario AD-3027, el formulario de queja por discriminación en el programa del USDA, que se puede obtener en línea, en https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf, desde cualquier oficina del USDA, llamando al (866) 632- 9992 o escribiendo una carta dirigida al USDA. La carta debe tener
el nombre, la dirección, el teléfono del reclamante y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al subsecretario de derechos civiles (ASCR) sobre la naturaleza y la fecha de una supuesta violación de los derechos civiles. El formulario AD-3027 o la carta completos deben enviarse al USDA por:
correo:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o´
correo electrónico:
program.intake@usda.gov

Esta institución ofrece igualdad de oportunidades.