

United States Attorney's Office

Southern District of Alabama

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 Southern District of Alabama. 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 email:		County email:	Phone
Nature of Alleged Civil Rights Viola	tion (please	e check specific area(s)	that apply to your complaint):
[] Abortion Clinic Access	[] Housing Discrimination		[] Race/National Origin
[] Credit/Lending Opportunities	[] Human Trafficking		[] Religious Liberties
[] Disability Rights or Access	[] Law Enforcement Miscond		[] Voting Rights
[] Educational Opportunities	[] Militaı	ry/Veteran Status	[] Other:
[] Employment Discrimination**	[] Prison	er or Institutionalized Pe	rson Rights
[] Hate Crime			
**Note: "Employment Discrimination"	" includes In	mmigration Related Unfa	nir Employment Practices
Please clearly describe the violation of Include as much information as posinformation for any witnesses (pleasoriginal documents):	ssible, inclu	ding the date, place, n	ature of incident, and contact
		<att< td=""><td>ach additional page(s) if necessary></td></att<>	ach additional page(s) if necessary>

Do you believe that the violation of civil rights described in this complaint is part of, or results fro a policy, pattern, or practice on the part of the person or entity named above? If so, please describe t policy, pattern, or practice in detail and identify others who you believe were subjected to the same similar treatment:			
Are you represented by an attorney in this matter? [] Yes [] No attorney, address and phone number.	If yes, please provide name of		
Name Pho	Phone		
Address			
Have you filed a lawsuit concerning this matter? [] Yes [] No name, court in which the case was brought, and the status of the case.	If yes, please provide the case		
Have you filed a complaint about this matter with any other federal [] Yes [] No If yes, please list the agency, contact person, p			
Although the volume of information we receive from concerned men responding to every complaint we receive, be assured that we will carefull provided us to determine whether a violation of the federal civil rights whether the United States Department of Justice through the United States has enforcement authority with respect to such a violation. This Office has complaint raises a potential violation of federal civil rights laws that wou Office to investigate, or should be referred to another agency for investig	y consider the information you have laws may have occurred and, if so Attorney's Office or another agency is the discretion to determine if your ald be within the jurisdiction of this		
***SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON AN MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING T COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OFF PROCEEDING ON YOUR BEHALF. IF YOU BELIEVE YOUR CIVIL RIGHTS INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT	THIS COMPLAINT YOU HAVE NOT FICE HAS NOT INITIATED A SUIT OF S HAVE BEEN VIOLATED AND YOU		
Signature:	Date:		

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

Civil Rights Coordinator, Civil Division
United States Attorney's Office, Southern District of Alabama
63 South Royal Street, Suite 600
Mobile, Alabama 36602
251.441.5051 (fax)