

<Attach additional page(s) if necessary>



District of Idaho

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 District of Idaho. 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 Address			Name of Person or Entity Address		
City, State	Zip		City, State	Zip	
County email:	Phone		County email:	Phone	
Nature of Alleged Civ	vil Rights Viola	tion (please	e check specific area(s)	that apply to your complaint):	
[] Abortion Clinic Access [[] Housin	ng Discrimination	[] Race/National Origin	
[] Credit/Lending Opportunities		[] Human Trafficking		[] Religious Liberties	
[] Disability Rights or Access		[] Law Enforcement Misconduct		[] Voting Rights	
[] Educational Opportunities		[] Military/Veteran Status		[] Other:	
[] Employment Discrimination**		[] Prisoner or Institutionalized Person Rights			
[] Hate Crime					
**Note: "Employment	Discrimination'	" includes In	mmigration Related Unfa	nir Employment Practices	
Include as much info	rmation as pos	sible, inclu	iding the date, place, n	d like to bring to our attention. ature of incident, and contact ocumentation, but do not send	

Do you believe that the violation of civil rights described in this con a policy, pattern, or practice on the part of the person or entity name policy, pattern, or practice in detail and identify others who you beli similar treatment:	d above? If so, please describe the
Are you represented by an attorney in this matter? [] Yes [] No attorney, address and phone number.	If yes, please provide name of
Name Pho	one
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, please list the agency contact person please list the agency please l	
Although the volume of information we receive from concerned mer 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 wo Office to investigate, or should be referred to another agency for investigate.	y consider the information you have laws may have occurred and, if so Attorney's Office or another agency as 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 TO COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OF 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 OR 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, District of Idaho
800 Park Blvd., Suite 600
Boise, ID 83712
(208) 334 9375 (fax)