

## **How to File a Complaint**

### **A. Complaint Form**

Go to the attached complaint form and either fill it out online or print a copy of the blank form. Please be aware that Adobe Reader does not allow users to save documents unless they have the full version of Adobe Acrobat Professional. Therefore, if you fill out the form online, you should print copies before exiting the file so you do not lose your information.

If you are unable to access the form, call (208) 334-1211 or 1-888-895-1036 (toll-free) and ask to have a form mailed to you.

### **B. Deadlines**

Complaints must be submitted within 60 days of the victim's knowledge of a violation, but not more than one year after the actual violation.

### **C. Filling out the Form**

The form may be completed by the crime victim, the victim's legal guardian, or the victim's attorney or other representative. Fill out the form as completely as possible, using the following guidelines:

(1) Complaints must be submitted in writing on the standard complaint form to the Victims' Rights Point of Contact (POC) of the U.S. Attorney's Office, District of Idaho (see form for mailing address).

(2) Complaints shall contain, to the extent known to, or reasonably available to, the victim, the following information:

(I) The name and personal contact information of the crime victim who allegedly was denied one or more crime victims' rights;

(ii) The name and contact information of the Department of Justice employee who is the subject of the complaint, or other identifying information if the complainant is not able to provide the name and contact information;

(iii) The district court case number;

(iv) The name of the defendant in the case;

(v) The right or rights listed in 18 U.S.C. § 3771 that the Department of Justice employee is alleged to have violated; and

(vi) Specific information regarding the circumstances of the alleged violation sufficient to enable the POC to conduct an investigation, including, but not limited to:

(a) The date of the alleged violation;

(b) An explanation of how the alleged violation occurred;

(c) Whether the complainant notified the Department of Justice employee of the alleged violation;

- (d) How and when such notification was provided to the Department of Justice employee;
- (e) Actions taken by the Department of Justice employee in response to the notification.

#### **D. Submitting the Form**

Either the victim or the victim's representative must sign the complaint form. Therefore, complaint forms cannot be submitted online. Forms may be submitted in person, by mail to the address provided on the form, or by FAX to (208) 334-1038.

#### **E. Review**

After receiving a complaint form, the POC will determine whether the complaint is complete and timely, and whether it contains specific and credible information demonstrating that one or more federal crime victims' rights, listed in 18 U.S.C. § 3771, may have been violated by a Department of Justice employee or office. The POC will send you a written acknowledgment of receipt of the complaint.

If the complaint is incomplete, the POC will make reasonable efforts to obtain the necessary information. If the POC determines that the complaint meets the above criteria, the POC will investigate the allegation(s) in the complaint within a reasonable period of time and report the results to the Victims' Rights Ombudsman (VRO).

If the complaint alleges a violation that would create a conflict of interest for the POC to investigate, the complaint will be forwarded to the VRO for investigation. If the complaint falls within the jurisdiction of another office of the Department of Justice, the POC will refer the matter to that office and notify the VRO of the referral.

#### **F. Investigation and Report**

The POC will first attempt to resolve the matter to your satisfaction. If you are satisfied with the steps taken to resolve the complaint, the POC will write a report to the VRO and no further investigation will be conducted.

If the matter cannot be resolved, the POC will collect relevant documents, interview you, and interview any necessary witnesses. The POC will prepare a written report of each interview conducted. Once all relevant information is collected, the POC will prepare a report for the VRO, summarizing the information and the POC's conclusions as to whether the employee or office violated any of your rights.

### **G. Victims' Rights Ombudsman Review and Determination**

The VRO will review the POC's report and the investigative file. The VRO shall determine whether to close the complaint without further action, require further investigation, or recommend disciplinary action. If there is insufficient information to make a determination for final resolution of the complaint, the VRO will give the POC specific instructions for completion. The VRO may also conduct his/her additional investigation.

Once sufficient evidence exists for the VRO to make a determination, the VRO will submit a report to the United States Attorney for the District of Idaho. The VRO, in his/her discretion, may notify you of the result of the investigation.

The VRO shall be the final arbiter of the complaint. A victim may not seek judicial review of the VRO's determination regarding the complaint.



FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_

**COMPLAINT**  
**ALLEGING FAILURE OF DEPARTMENT OF JUSTICE EMPLOYEE  
TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER  
THE CRIME VICTIMS' RIGHTS ACT OF 2004**

*Return signed form, including additional pages or documents, to:*

Victims' Rights Point of Contact  
U.S. Attorney's Office, District of Idaho  
800 Park Blvd., Suite 600  
Boise, Idaho 83712

Phone: 208-334-1211  
Toll Free: 1-888-895-1036  
Fax: 208-334-1038

This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action against Department of Justice employees who may have failed to provide or have violated the rights of a crime victim under the Crime Victims' Rights Act of 2004. A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a Federal offense or an offense in the District of Columbia.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the Department of Justice employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the Federal Government in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

- Victim                                       Attorney representing victim  
 Legal Guardian                               Other representative (describe) \_\_\_\_\_

Name, phone number and relationship to victim of person completing this form (if not the victim).

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Is the victim represented by an attorney in this complaint?       Yes       No

If yes, please provide the attorney's name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney.

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1. **PERSONAL INFORMATION ABOUT THE VICTIM**

First Name:	Middle Name:	Last Name:	
Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Other ___			
Street Address:			
City:	State:	Country:	Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:	
Email Address:			

2. **INFORMATION ABOUT THE CRIMINAL CASE**

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event: <input type="checkbox"/> Investigation <input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment <input type="checkbox"/> Preliminary Hearing <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Parole Hearing <input type="checkbox"/> Other _____		
Defendant(s) Name(s):		
Case Number:	District Court:	Judge:

3. **INFORMATION ABOUT THE VICTIM'S COMPLAINT**

What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject of your complaint?

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Is your complaint against a specific person in that office?  Yes  No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining.

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Which of the following rights afforded by the Crime Victims' Rights Act of 2004, 18 U.S.C. § 3771, do you feel you were denied? Please check all that apply.

- The right to be reasonably protected from the accused.
- The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.
- The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding.
- The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding.
- The reasonable right to confer with the attorney for the Government in the case.
- The right to full and timely restitution as provided by law.
- The right to proceedings free from unreasonable delay.
- The right to be treated with fairness and with respect for the victim's dignity and privacy.

4. **STATEMENT OF COMPLAINANT**

Please provide as much detailed information about your complaint against the Department of Justice employee(s) as possible, including the date(s) of the alleged violation(s), and an explanation of how the violation(s) occurred. However, you should not discuss the facts of the criminal investigation or case in which you are a victim. You may attach additional pages or documents to this complaint.

5. **PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE**

Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint?       Yes       No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attached additional pages or documents to this complaint.

6. **OTHER RELEVANT INFORMATION**

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

**The information set forth herein is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by Victim)

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

- Under 18 years of age       Incapacitated       Incompetent       Deceased

Signature: \_\_\_\_\_ Date: \_\_\_\_\_