



U.S. Department of Justice

*United States Attorney
District of Columbia*

CIVIL RIGHTS COMPLAINT FORM

The United States Attorney's Office, 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 Columbia. The Office therefore readily receives information that brings to its attention possible violations of federal civil rights laws. This Office will determine if your complaint raises a potential violation of federal civil rights laws that would be within the enforcement authority of this Office to investigate, or should be referred to another agency for investigation or other action.

<p>Date _____</p> <p>Person filing complaint:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Day Time Phone</p> <p>_____ E-mail</p> <p>_____ Best method and time for contact</p>	<p>Person/Entity you are filing complaint about:</p> <p>_____ Name</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Day Time Phone</p> <p>_____ E-mail</p> <p>_____ Best method and time for contact</p>
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Nature of alleged civil rights violation (please check area that applies to your complaint):

<input type="checkbox"/> Environmental Justice	<input type="checkbox"/> Housing Discrimination	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Credit/Lending Opportunities	<input type="checkbox"/> Free Speech/First Amendment	<input type="checkbox"/> Voting Rights
<input type="checkbox"/> Disability Rights or Access	<input type="checkbox"/> Law Enforcement Misconduct	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Military/Veteran Status	
<input type="checkbox"/> Employment Discrimination	<input type="checkbox"/> Prisoner or Institutionalized Person Rights	
<input type="checkbox"/> Familial Status	<input type="checkbox"/> Religious Land Use	

What do you believe was the reason for the discrimination?:

<input type="checkbox"/> Disability	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Gender Identify	<input type="checkbox"/> National Origin	<input type="checkbox"/> Race
<input type="checkbox"/> Religion	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	Other _____	

[illegible]

This Office will carefully consider the information you have provided us. If this Office determines that your complaint raises a potential violation of federal civil rights laws that would be within the enforcement authority of this Office to investigate and/or that further information from you is necessary for any investigation, we will contact you.

PLEASE UNDERSTAND THAT SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS OR OTHER FILING REQUIREMENTS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE.

FURTHER, BY SUBMITTING THIS CLAIM 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 INTEND TO BRING A LAWSUIT, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.

Email Form

USADC.CivilRights@usdoj.gov

or print and send completed complaint form and any supporting documentation to:

Civil Rights Complaints, Civil Division
United States Attorney's Office
District of Columbia
601 D Street, NW
Washington, DC 205305