

How to Make a Charge Referral to OSC

Where To Send A Referral	<p>A charge referral can be sent to OSC by:</p> <ul style="list-style-type: none"> • By electronic mail addressed to: OSCR referral@usdoj.gov (preferred), • By facsimile transmitted to: (202) 616-5509 (if under 25 pages), or • By U.S. mail addressed to: <ul style="list-style-type: none"> U.S. Department of Justice Civil Rights Division Office of Special Counsel for Immigration-Related Unfair Employment Practices 950 Pennsylvania Avenue, NW (NYA) Washington, DC 20530
What To Send With A Referral	<p>The following information and documents is requested with your referral to OSC:</p> <ol style="list-style-type: none"> 1. All forms completed or documents and statements provided by the Charging Party. 2. The following information: <ul style="list-style-type: none"> • Case number assigned by your agency • Date charge was filed with your agency • Date of the alleged discrimination • Whether your agency will continue to investigate any aspect of the charge, and if so, which aspect(s) • Name and contact information of attorney or investigator assigned (if any) • Whether the charge has been filed or referred to another agency, and if so, the agency, point of contact, case number, and date filed (if known) <p>This information can be provided by completing the Office of Special Counsel Referral Transmittal Information Sheet (below) or via any other appropriate means.</p>
Getting Help	<p>To speak with an OSC representative about the referral process generally or to consult about this specific referral, call OSC at (202) 616-5594 (Monday-Friday, 9 am – 5 pm Eastern) and ask to speak with the Referral Duty Attorney. Questions about a referral may also be directed to OSCR referral@usdoj.gov.</p>

U.S. Department of Justice
Office of Special Counsel for Immigration-Related Unfair Employment Practices
Referral Transmittal Information Sheet

Name of Referring Agency:	City, State:
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Matter Name Used By Your Agency:	Case No. Assigned By Your Agency:
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Date Filed:	Discrimination Date:	Charging Party's Primary Language:
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Name of Assigned Attorney/Investigator:	Telephone Number:	E-Mail Address:
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Will your agency continue to investigate any aspect of this charge?	Yes	No
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If "Yes," identify what aspects of the charge remains under investigation by your agency:

Has the Charging Party filed a parallel charge with another agency?	Yes	No
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If "Yes," identify the agency receiving parallel charge:	City, State:	Case Number, if known:
	Point of Contact, if known:	Date Filed, if known:

Has all or part of this charge been referred to another agency?	Yes	No
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If "Yes," identify the office/agency that received the referral and the nature of the referral:	City, State:	Case Number, if known:
	Point of Contact, if known:	Date referred:

Accompanying Documents:

<input type="checkbox"/>	Agency intake documents	<input type="checkbox"/>	Charging Party submissions	<input type="checkbox"/>	Respondent submissions	<input type="checkbox"/>	Other, specify below
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Description of Additional Documents Enclosed:

Comments: