U.S. Department of Justice
Civil Rights Division

Office of the Assistant Attorney General *Washington, D.C. 20530*

June 10, 2026

VIA E-mail to: Brian.Stimson@AGG.com

Brian Stimson
Arnall Golden Gregory LLP
2100 Pennsylvania Avenue, NW
Suite 350S
Washington, DC 20037

Re: United States' Title VI Inquiry Findings

Dear Mr. Stimson:

We write to notify you of the findings of the U.S. Department of Justice (the "Department") after its investigation to determine whether the admissions practices of the University of California, Davis School of Medicine ("Davis Med") are in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq. ("Title VI"), as interpreted by the Supreme Court's decision in *Students for Fair Admissions, Inc. v. President & Fellows of Harvard College*, 600 U.S. 181 (2023) ("*SFFA*"). Based on our review, the Department has found that Davis Med is violating Title VI by discriminating on the basis of race in its admissions process.

I. Procedural Background

The Department enforces federal civil rights laws, including Title VI, which prohibits recipients of federal financial assistance from discriminating based on race. The Department currently provides direct federal financial assistance to the University of California, Davis ("UC Davis").[1]

Title VI authorizes the Department to conduct periodic compliance reviews and investigations of the practices and policies of the recipients of federal funding. 28 C.F.R. § 42.107 (2026). Enforcement under Title VI requires funding agencies to advise recipients of their failure to comply and to determine whether compliance can be obtained by voluntary means. 42 U.S.C. § 2000d-1. If the Department determines that the noncompliance with Title VI cannot be corrected by voluntary means, the Department may seek to compel compliance through enforcement. 28 C.F.R. § 42.108 (2026).

[1] Grant Nos. 15JCOPS-24-GG-01417-LEMH; 15PBJA-23-GK-05227-PDMP; 15PNIJ-22-GG-03566-SLFO; 15PNIJ-22-GG-04425-DNAX15PNIJ-24-GG-01556-RESS and 15JOVW-24-GG-01524-STOP, totaling $3,470,535.

The Department's January 20, 2026, notice of investigation letter included a request for information. Davis Med produced a number of responsive documents and correspondence, as well as applicant-level data for 2019-2025. The Department provided a deadline of May 29, 2026, for Davis Med to complete its production. The Department has carefully reviewed and analyzed the evidence Davis Med produced, as well as other publicly available information, all of which forms the basis of the Department's findings.

II. Intent to Discriminate

> *"I'd call it class-based affirmative action. Class struggles have a huge overlap with race — that's how we skirted the issue."*-Davis Med Associate Dean of Admissions, Dr. Mark Henderson[2]

Chancellor May
Mar 7, 2023 ·

"Diversity saves lives."

[3]

A. Legal Standard

Title VI of the Civil Rights Act prohibits recipients of federal funds from discriminating based on race, color, or national origin.[4] In *SFFA*, the Supreme Court held that racially discriminatory practices in higher education can rarely be squared with federal civil rights laws, no matter what a university's justification for the practices may be.[5] Applying strict scrutiny, the Court held that universities "may never use race as a stereotype . . .."[6] The Court rejected the notion that considering race in admissions permissibly serves an interest in "producing new knowledge stemming from diverse outlooks." The Court made clear that proxies for race also may not be used to discriminate, noting that "universities may not simply establish through application essays or other means the regime we find unlawful today . . .. '[W]hat cannot be done directly cannot be done indirectly.[7] And, of course, "racial balancing" was long ago found to be "patently unconstitutional.[8]

---

[2] Usha Lee McFarling, *How One Medical School Became Remarkably Diverse — Without Considering Race in Admissions*, STAT, https://perma.cc/WUL3-46LP (dated Mar. 7, 2023, captured June 8, 2026).
[3] 000000001492 (UCD Chancellor Gary May, Facebook post March 7, 2023)
[4] 42 U.S.C. § 2000d.
[5] *SFFA v. Harvard,* 600 U.S. at 214.
[6] *Id.* at 213 (The Court emphasized "the twin commands of the Equal Protection Clause," i.e. "that race may never be used as a 'negative' and that it may not operate as a stereotype").
[7] *Id.* at 230 (quoting *Cummings v. Missouri*, 71 U.S. 277, 316 (1867).
[8] *Grutter v. Bollinger*, 539 U.S. 306, 330 (2003).

B. Evidence of Davis Med's Intent to Discriminate Based on Race

The evidence shows that Davis Med deliberately discriminates against applicants because of their race. Davis Med seeks to racially balance its student body by using race and race-correlated proxies even in the face of California's longstanding ban on affirmative action.[9] They continued to use these measures after the Supreme Court's ban on the use of race and race proxies in 2023. They measure their success by how many so-called "underrepresented minorities in medicine" ("URiM" or "URM" or "UiM") are admitted. **Davis Med even promoted their Davis Scale model to other medical schools as a way of skirting *SFFA*.**

1. The "Davis Scale," A Proxy for Race

Dr. Mark Henderson is Davis Med's Associate Dean of Admissions. According to its website, "When Mark Henderson became admissions dean at the UC Davis School of Medicine in 2007, he was charged with making systematic changes to the way students were being admitted to the school."[10] Dr. Henderson proudly reports that Davis Med has tripled URiM enrollment over the last 15 years.[11] He boldly lays out how Davis Med has accomplished this in his article "*Holistic Admissions at UC Davis—Journey Toward Equity*," published on the heels of the *SFFA* ruling.[12] In the article he provides the blueprint to medical schools for how to get around the ban on affirmative action:

> **Now that the US Supreme Court has struck down race-conscious admissions in higher education, institutions are looking to California** where the practice has been banned in public schools for nearly 3 decades. After Proposition 209 prohibited granting "preferential treatment" based on race, sex, color, or ethnic or national origin in 1996, enrollment of students from black and Hispanic/Latino backgrounds fell dramatically .... [O]ver the past 15 years, [Davis Med] has tripled enrollment of these students by developing an admissions model that prioritizes state workforce needs and attention to the mission fit, lived experience, and socioeconomic background of each applicant. The UC Davis experience offers lessons for institutions seeking to uphold a commitment to health and education equity.
>
> * * *
>
> [Davis Med created] t**he Davis Scale, a continuous measure of socioeconomic disadvantage** incorporating factors from the medical school application such as parental income and education, growing up in a medically underserved area, and other socioeconomic variables . . . **The efforts have yielded** ... **racial and ethnic representation more closely reflecting California**, a majority-minority state.

---

[9] Cal. Proposition 209 (1996) (codified at Cal. Const. art. I, § 31).

[10] Edwin Garcia, *A Medical School That Looks More Like California*, UC Davis (Feb. 20, 2024), https://www.ucdavis.edu/health/news/a-medical-school-that-looks-more-like-california

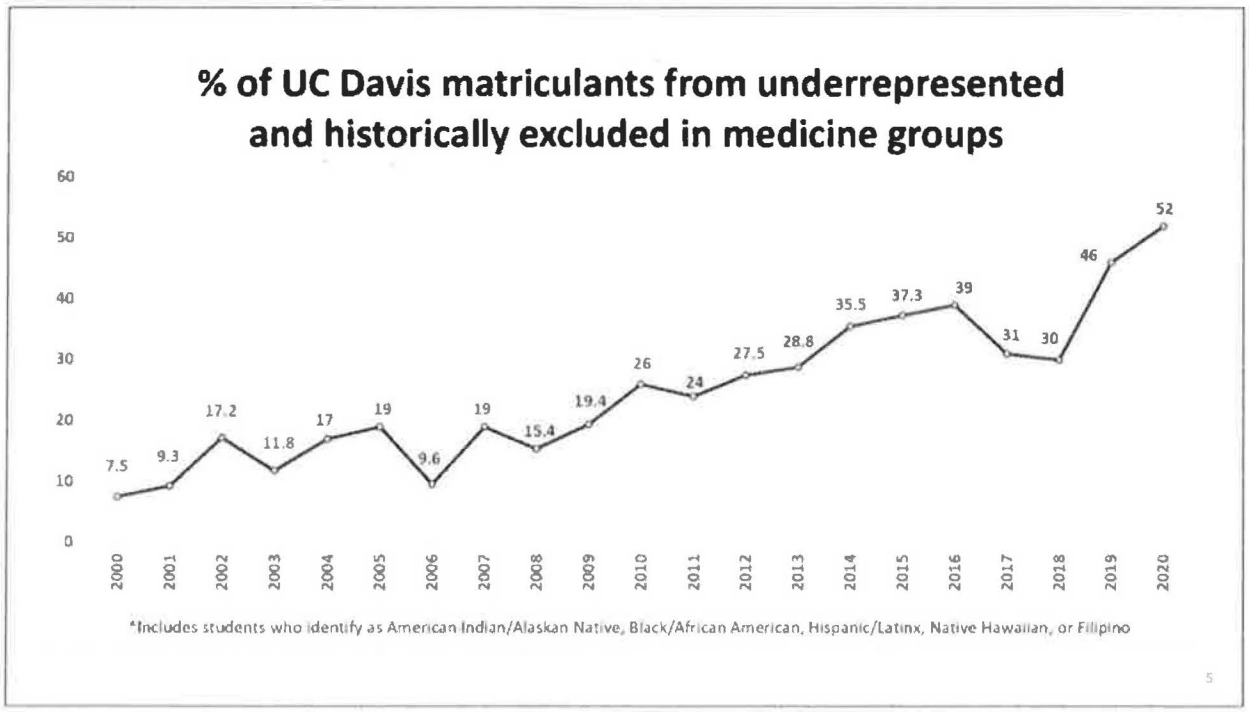
[11] Mark C. Henderson et al., Holistic Admissions at UC Davis—Journey Toward Equity, 16 Annals Fam. Med. 302 (2023) UCDSOM_DOJ_000000661

[12] Mark C. Henderson, Tonya L. Fancher & Susan Murin, *Holistic Admissions at UC Davis—Journey Toward Equity*, 330 JAMA 1037 (2023).

(emphasis added).

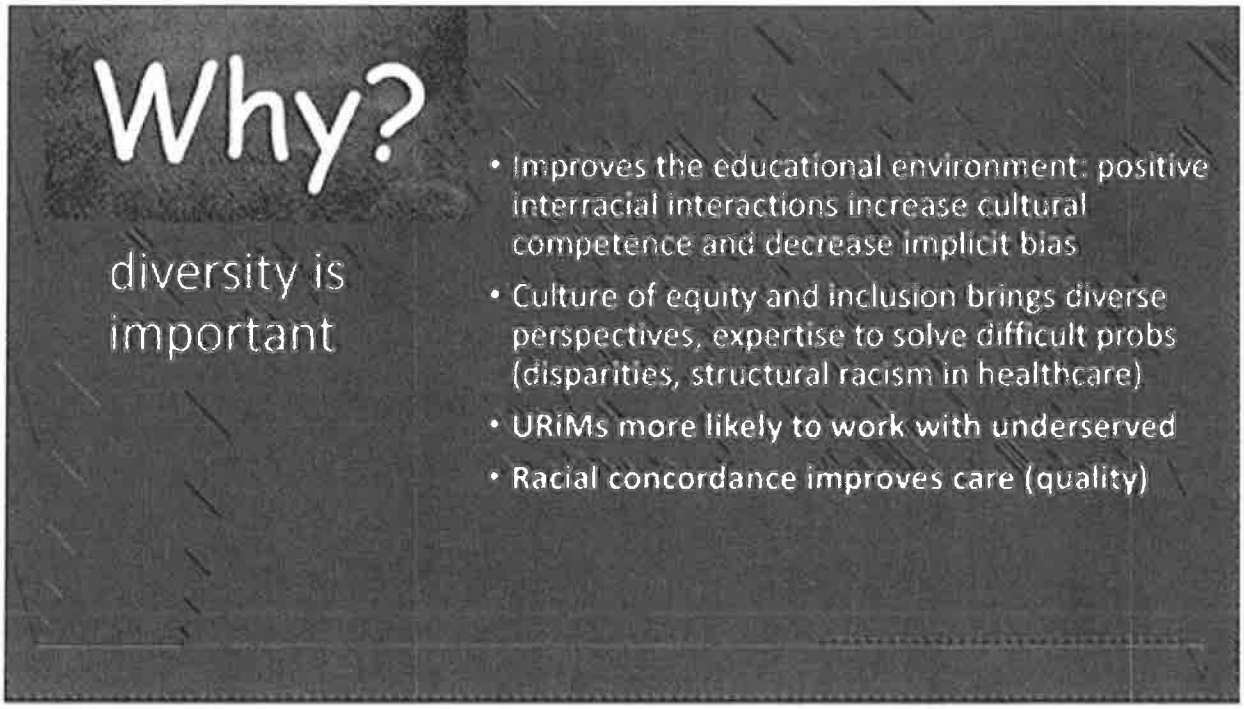
Davis Med states plainly its goal to racially balance its student body. One headline on its website states, "A Medical School That Looks More Like California."[13] The sub headline reads, "How the UC Davis School of Medicine Became the Third-Most Diverse Medical School in the Country Without Affirmative Action."[14]

In Dr. Henderson's presentation entitled "Socially Accountable Admissions," which he delivered post-*SFFA*, he announces: "I'm going to discuss how UC Davis became the 3rd most diverse medical school in the US, right behind Howard University."[15] **Dr. Henderson proudly states, "When I took over as Admissions Dean in 2006, 10% of entering students were from A-A, Latino, AIAN, or Asian Pacific Islanders; for the last 2 years it was over 50%, mirroring CA, a majority-minority state."**[16]



[13] Garcia, *A Medical School That Looks More Like California*, at 1
[14] *Id.*
[15] UCDSOM_DOJ_0000000163
[16] UCDSOM_DOJ_0000000177

He then lays out what he sees as the four benefits of racial diversity:"[17]



However, the "benefits of diversity" rationale for discrimination was outlawed by the Supreme Court in *SFFA*.

The Davis Scale rates applicants on eight socio-economic factors to create a score to be considered alongside an applicant's GPA and MCAT scores. It arises from a research paper prepared by Dr. Henderson entitled, "*Reducing Medical Schools Admissions Disparities in an Era of Legal Restrictions: Adjusting for Applicant Socioeconomic Disadvantage.*"[18] The thesis was that, "Adjusting applicant academic metrics using socioeconomic information on medical school applications may be a race-neutral means of increasing the … racial/ethnic diversity of the physician workforce."

The paper concludes:

> Using data from three consecutive medical school admissions cycles, we developed and tested a replicable **method of adjusting applicant GPA and MCAT scores for SED [socio-economic data]** based on application data. In simulations offering admission to the highest ranked applicants, **our adjustment methods reduced or eliminated disparities in URM [under-represented minorities]** and disadvantaged student representation. … Systematically adjusting academic metrics for SED potentially offers a transparent means of ameliorating admissions disparities for URM…

[17] UCDSOM_DOJ_0000000242
[18] UCDSOM_DOJ_000000960-73; 00000184-85

(emphasis added).

According to Davis Med, "the Davis Scale has helped transform the UC Davis student body to be more representative of the California population in terms of . . . race-ethnicity . . .."[19] Davis Med tracks the percentage of students who are disadvantaged, alongside the percentage of students who are URiM. The numbers reflect that the percentage of disadvantaged students increased from 28 percent in 2011 to 70 percent in 2023, while the percentage of URiM went from 24 to 58 percent in the same time period.[20]

Additional evidence that the Davis Scale is used as a proxy for race (beyond Dr. Henderson's own words) is the table below presented by Dr. Henderson post-*SFFA* analyzing each of the socioeconomic factors to determine how they impact URiM v. non-URiM candidates.[21] As reflected, each of the factors favors the URiM candidates.

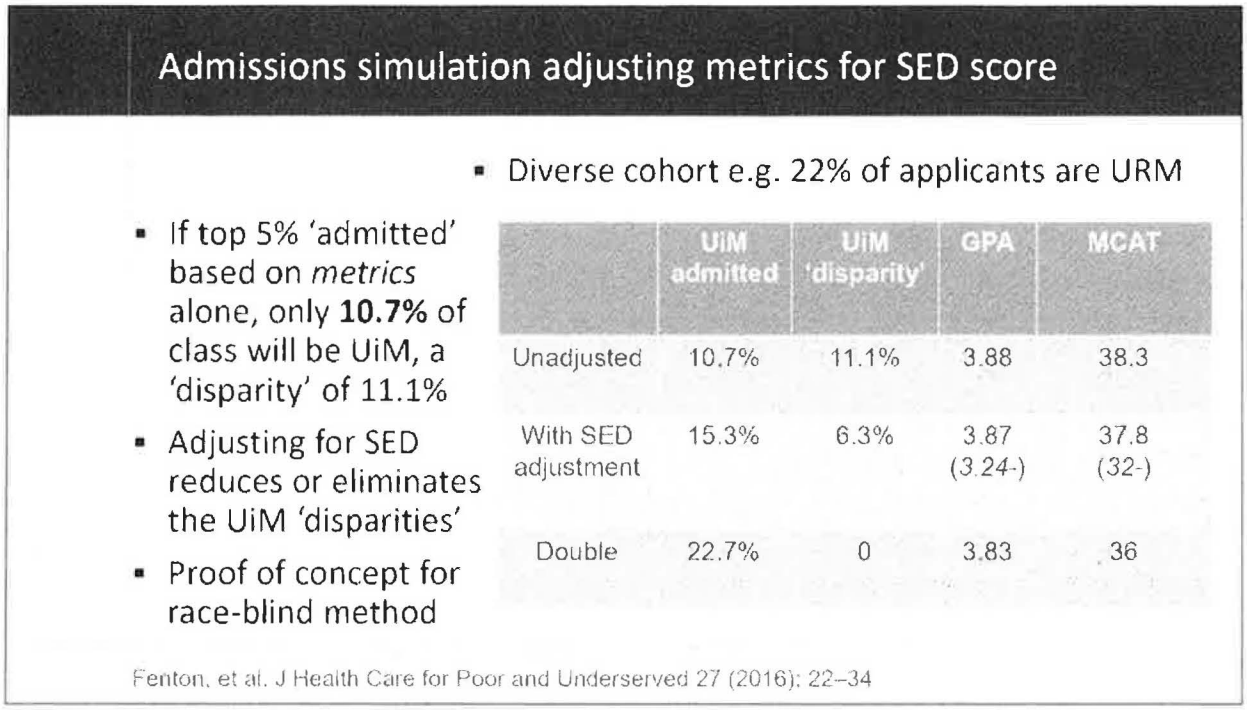
Derived from 8 AMCAS (race-blind) variables:
2011-13 applicant cohort (n = 14,919)

AMCAS Indicator	Non-URM	URM	Total
Fee assistance**	8.8%	**22.3%**	11.7%
Underserved area	10.4%	**27.8%**	14.1%
Family asst program	14.1%	**33.4%**	18.2%
App Contrib to family	7.1%	**17.9%**	9.4%
Need scholarship	19.6%	**39.8%**	23.9%
% of fees from above	8.3%	**19%**	10.6%
Parents HS only	4.7%	**12.7%**	6.4%
Family income < $50K	12.6%	**27.1%**	15.7%
uGPA < 3.4	25.7%	**39.2%**	28.6%
MCAT < 26	14.8%	**32.5%**	18.6%

UC DAVIS HEALTH
Center for a Diverse Healthcare Workforce
19

In the next chart, Dr. Henderson applies the Davis Scale number to the applicant pool to determine how it changes the percentage of URiMs admitted. As he states in the slide, "Adjusting for SED reduces or eliminates UiM disparities."[22]

[19] UCDSOM_DOJ_000000184-85
[20] Mark Henderson, MD, MACP, *Creating a Diverse Class of Learners via Socially Accountable Admissions*, UC Davis Health (March 7, 2024). UCDSOM_DOJ_000000140
[21] UCDSOM_DOJ_000000292
[22] UCDSOM_DOJ_000000293



Dr. Henderson also laid out what Davis Med has been doing in a peer-reviewed article in the Journal of Ethics.[23] He writes that Davis Med is "implementing a series of structural changes to admissions to enhance diversity and better meet its social mission, resulting in progressive increases in enrollment of URiM." He also explains how the school is "shifting admissions criteria away from grade point average and MCAT scores." This allows the Davis Scale to give race a larger role in the admissions decisions.

Davis Med's current Admissions Committee Handbook provides, "The Mission of the Admissions Committee is to matriculate a class of medical students who will, as future physicians, address the diverse healthcare workforce needs of the region...."[24] The "Technical, Non-Academic Standards" for admission also provides that Davis Med "is committed to diversity and to recruiting and training students who will contribute to a diverse healthcare workforce."[25]

Davis Med's desire to increase the number of graduating minority doctors even resulted in the school considering adopting a new definition of URiM to include "underrepresented Asians," which would include Asians from countries like Vietnam, the Philippines, Cambodia, and Laos.[26] Dr. Henderson considered adding them soon after *SFFA*, but ultimately decided not to, stating in an email thread: "I honestly would prefer NOT to [add underrepresented Asians] . . . we're getting a little too much attention on this, which raises our chances of being a target."[27] He notes later in the thread, "If we update the current chart with the 'old' categories (not include 'underrepresented'

---

[23] Mark C. Henderson, Charlene Green & Candice Chen, *What Does It Mean for Medical School Admissions to Be Socially Accountable?*, 23 **AMA J. Ethics** E965 (2021). Davis Med_DOJ_000000580-89
Mark C. Henderson, MD, Charlene Green, PsyD, and Candice Chen, MD, MPH
[24] UCDSOM_DOJ_000000003 (emphasis added).
[25] UCDSOM_DOJ_000000086
[26] UCDSOM_DOJ_000001321-32
[27] *Id.*

Asians), we will come out LESS THAN 50% URiM, which is fine with me but probably NOT what David [Lubarsky, Vice Chancellor] wants to see…it's not 58%."[28] The email demonstrates that Dr. Henderson is not the only administrator concerned about increasing racial diversity and has been under pressure to increase the URiM numbers even more.

2. Davis Med Encourages Med Schools to Emulate its Illegal Admissions Practices

In the wake of *SFFA*, Dr. Henderson and Davis Med began proselytizing to other medical schools about how to skirt the ruling. In fact, just four days after the ruling, the New York Times ran an article featuring Davis Med and Dr. Henderson with the sub headline: *"To build a diverse class of students, the medical school at U.C. Davis ranks applicants by the disadvantages they have faced. Can it work nationally?"*[29] A couple months later Dr. Henderson's team sent a flyer to other medical schools' admissions officers encouraging them to sign up for a presentation about Davis Med's practices.[30] The flyer asks schools to provide a "voluntary honorarium" to support Davis Med's "DEI initiatives."

Dr. Henderson's team even applied for and received a $60,000 grant in 2024 from the AMA to share strategies with other schools to achieve a racially diverse student body.[31] **The program touted how Davis Med "has become one of the most racially and ethnically diverse medical schools in the country behind HBCUs [Historically Black Colleges and Universities], … [d]espite a statewide ban on affirmative action."** Davis Med reported that it "has met with over twenty-five medical and ten non-medical programs from across the country to share our multi-pronged approach to holistic admissions."[32]

In sum, Davis Med provides a clear case of a school overtly and proudly using race in admissions to achieve a racially diverse student body in violation of Title VI. As Dr. Henderson himself states, "we skirt the issue" by using "class-based affirmative action," with class substituting for race because of the "huge overlap" between the two. **In the New York Times article, Dr. Henderson was asked about being sued over his legally questionable methods. He replied, "Am I worried about it? Yes. Is it going to stop me? No."**

3. UC Systemwide Policies and Practices

The University of California system ("UC") clearly lays out its intent to discriminate in its official policies. Its "Policy on University of California Diversity Statement" touts the importance of "racial diversity" and the need to "seek to achieve diversity . . . among its student bodies…."[33]

---

[28] *Id.*

[29] Stephanie Saul, *With the End of Affirmative Action, a Push for a New Tool: Adversity Scores*, N.Y. Times, https://archive.ph/rvZ0a (dated July 2, 2023, captured June 8, 2026).

[30] *Reexamining Admissions Practices: A Community Collaborative,* UCDSOM_DOJ_000000935-36

[31] Sarah Kwon, *US Medical Schools Cautiously Navigate Admissions in New Legal, Political Environment*, Medscape, https://archive.ph/oVSfl (dated Dec. 11, 2024, captured June 8, 2026), UCDSOM_DOJ_000000950-56

[32] *Id.*

[33] The Regents of the University of California, Regents Policy 4400: Policy on University of California Diversity Statement (amended Nov. 14, 2024).

Because of Prop. 209, UC contends that *SFFA* did not require them to make changes to their policies: "The recent Supreme Court decision on *SFFA v. Harvard* . . . has not changed the legal landscape for UC's admissions and outreach practices."[34] The UC issued guidance after the *SFFA* ruling, stating, "UC has long been committed to creating and maintaining a student body that reflects California's . . . racial ... diversity. . . . UC has steadfastly sought to use race-neutral means to increase diversity in admissions [and] may collect and evaluate data on the race or gender of its students and applicants in order to determine the effectiveness of its diversity efforts...."[35]

In *SFFA*, UC submitted an amicus brief in support of affirmative action, despite not being permitted to practice it due to Prop. 209. In the brief it boldly admits that it "implemented numerous and wide-ranging race-neutral measures designed to increase ... racial diversity."[36] It also states that "UC views student body diversity of all sorts, including racial diversity, as critical to [its] mission. To that end, UC has long sought to achieve meaningful representation across racial and ethnic groups at all of its campuses."[37]

The UC laid out in precise detail how, due to Prop. 209, it had to implement "race neutral" measures in order to continue to meet its goal of achieving racial diversity.[38] Although UC asserted that using proxies for race was effective, it lamented that "despite its extensive efforts, UC struggles to enroll a student body that is *sufficiently* racially diverse to attain the educational benefits of diversity."[39] **UC reported that it had spent $1.5 Billion to date on such efforts.**[40]

In response to the Supreme Court's ruling, UC's then-President Michael Drake called the "the use of race in college admissions . . . a valuable practice that has helped higher education institutions increase diversity and address historical wrongs over the past several decades."[41] Despite the ruling, he declared, "Student diversity remains a top priority for the University of California — one that we will continue to pursue with every tool available to us."[42]

The Chancellor of UC Davis Gary May issued a similar statement decrying the ruling. He defended affirmative action, comparing it to the need for a "staggered start" at track meets. [43] He concluded the message by completing the metaphor, declaring, "We'll just have to run faster."[44]UC Davis's Vice Chancellor of Diversity, Equity and Inclusion Renetta Garrison Tull

---

[34] *Guidance on Proposition 209 for Admissions and Outreach Staff*, UCD_CRD_00000001-03
[35] *Id.*
[36] Brief for the University of California as Amicus Curiae Supporting Respondents, p.12, *Students for Fair Admissions, Inc. v. President & Fellows of Harvard College*, No. 20-1199 (2023).
[37] *Id.* at 3.
[38] *Id.* at 4.
[39] *Id.*
[40] The University of California endorsed a second ballot measure (Prop. 16) in 2020 designed to overturn Prop. 209. It failed by a wider margin (57% to 43%) than Prop. 209 originally passed by.
[41] UC Office of the President, *UC Statement on SCOTUS decision regarding the use of race in college admissions*, University of California, https://perma.cc/474V-BAM6 (dated June 29, 2023, captured June 8, 2026), UCDSOM_DOJ_000001437-38.
[42] *Id.*
[43] Gary S. May, *Statement on Supreme Court Decision Ending Affirmative Action*, UC Davis Leadership, https://archive.ph/8vfE5 (dated June 29, 2023, captured June 8, 2026).
[44] *Id.*

echoed his remarks, stating "we make NO APOLOGIES for what we do, we continue to work toward equitable access, and as Chancellor May shares, we won't stagger ... we will run faster!"[45]

Similarly, in 2024, the UC said that "system- and campus-level strategies and innovations are being piloted or have been implemented" to "achieve representational diversity in its student body."[46] The UC adopted the "UC 2030 Capacity Plan," with the goal of having its student bodies "better reflec[t] California's racial/ethnic … diversity."

In sum, the UC still uses race-based discrimination across its entire university system and has a policy of achieving racial diversity through purportedly race-neutral means, which they then evaluate for effectiveness by examining the racial outcomes in admissions. Such methods violate Title VI and are exactly what the Supreme Court meant to ban.[47]

III. Statistical Evidence of Intentional Discrimination

Davis Med has produced applicant-level admissions data for school years 2019-2025. Analyzing this data shows disparities in MCAT scores and GPAs between different racial groups of admitted students. The Department performed a regression analysis of this data for the incoming classes of 2023, 2024, and 2025.

The analysis shows that approximately 93% of whites and Asians admitted to the school had MCAT scores at or above the median score of blacks who were admitted in 2023-2025. In addition, the admission rates for black or Hispanic applicants ranged from two to nine times higher than for whites or Asians in each respective year. For instance, in 2024, 1.4% of white applicants were admitted while 7.96% of blacks and Hispanics were admitted, despite the fact that the average GPA and MCAT scores for those minority applicants were significantly lower than the white applicants they competed against.

The following chart shows the data on admittees for the 2023 incoming class:

Race	**Average GPA**	**Average MCAT**	
		Score	**Percentile**
All Other or Unknown	3.63	512	83
Asian	3.73	514	88
Black or African American	3.44	506	66
Hispanic or Latino	3.59	509	75
White	3.76	515	90

[45] UCDSOM_DOJ_000001295-96 (emphasis in original)
[46] "University of California Accountability Sub-Report on Diversity: Graduate Professional Degree Students", https://perma.cc/R9S8-GX8T (dated March 2024, captured June 8, 2026).
[47] *SFFA v. Harvard* at 230.

The median MCAT scores show significant differences across racial lines. The lowest group median scores (black) are at the 66th percentile, and Hispanics are at the next lowest at the 75th percentile, while whites and Asians are at the 90th and 88th percentiles, respectively. This is a 24-point difference between the black and white races. The GPAs also show a large disparity, with the lowest group median GPA (black) .32 grade points below whites.

The following chart shows the data on admittees for the 2024 incoming class, the year after *SFFA* was decided:

Race	**Average GPA**	**Average MCAT**	
		Score	**Percentile**
All Other or Unknown	3.72	512	84
Asian	3.74	513	87
Black or African American	3.53	507	70
Hispanic or Latino	3.56	508	73
White	3.80	513	87

As with the incoming class of 2023, the Median MCAT scores for the incoming class of 2024 exhibit significant differences across racial lines. The lowest group median scores (black) are at the 70th percentile, and Hispanic are at the next lowest at the 73rd percentile, while whites and Asians are both at the 87th percentile. The GPAs also continued to show a significant disparity, with the lowest group median GPA (black) .27 grade points below white.

Data provided to the Department for the incoming class of 2025 reveals disparities between the academic qualifications of admitted students in different racial groups continue to the present time. The following chart shows the data on admittees for the 2025 incoming class:

Race	**Average GPA**	**Average MCAT**	
		Score	**Percentile**
All Other or Unknown	3.74	513	87
Asian	3.84	514	89
Black or African American	3.60	510	79
Hispanic or Latino	3.70	510	79
White	3.83	514	89

As with the incoming classes of 2023 and 2024, the median MCAT scores for the incoming class of 2025 exhibit significant differences across racial lines. The lowest group median scores (black and Hispanic) are at the 79th percentile, while whites and Asians are both at the 89th percentile. The GPAs also show a real disparity, with the lowest group median GPA (black) .24 grade points below Asians.

The applicant-level data produced by Davis Med also indicated that a black or Hispanic student has a substantially higher likelihood of being admitted than a White or Asian student with the same academic credentials. The consistent difference in the test scores between students of different racial groups is substantial and cannot be explained by coincidence.

The Department's statistical review indicates that Davis Med is using the Davis Scale in the manner it was intended: as a proxy for race to discriminate in favor of URiMs. However, the analysis also revealed that the Davis Scale was insufficient to achieve the "diversity" numbers that Davis sought in its admissions. Thus, Davis also uses race directly to achieve even greater racial diversity. Race discrimination is easily rationalized when one holds the view, as Chancellor May does, that "diversity saves lives." This does not justify Davis Med's blatantly illegal acts.

IV. Findings

The Department finds that Davis Med discriminated against white and Asian applicants to benefit blacks and Hispanics. This is evident from the data analysis and confirmed when Davis Med boldly states its intention to racially balance its incoming classes. The data shows a significant disparity in objective academic metrics between black and Hispanic applicants compared with applicants from other racial categories. Davis Med's internal documents, including policies, training materials, and communications confirm the Department's findings that Davis Med intended to racially discriminate in favor of black and Hispanic applicants. As a result of these practices, highly qualified white and Asian students were denied admission on the basis of their race.

For these reasons, **the Department concludes that Davis Med discriminated on the basis of race in its admissions from 2023-2025, in violation of Title VI.** Based on its review of Davis Med's documents and data, the discrimination is ongoing.

V. Resolution

Having determined that Davis Med deliberately discriminated on the basis of race in its decisions to admit and deny applicants, the Department seeks to enter into a voluntary resolution agreement with the University to ensure that admissions practices are brought into legal compliance.

If you have any questions about this letter, please contact Deputy Assistant Attorney General Jeffrey Morrison at jeffrey.morrison@usdoj.gov or (202) 353-1845. Thank you in advance for your attention and cooperation.

Regards,

HARMEET K. DHILLON
Assistant Attorney General
Civil Rights Division
UNITED STATES DEPARTMENT OF JUSTICE