



U.S. Department of Justice
United States Attorney
Northern District of Georgia

Richard Russell Federal Bldg.
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Telephone: (404) 581-6000
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CIVIL RIGHTS COMPLAINT FORM

Thank you for contacting the U.S. Attorney's Office. Our office is responsible for enforcing the federal civil rights laws within the Northern District of Georgia. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws.

Please complete this form in its entirety. Please be specific so that we can determine if federal jurisdiction exists, and if so, which federal agency would be best for you to contact for further assistance.

Person filing complaint:	Person/Entity you are filing complaint about:
Name	Name
Address	Address
Address (Line 2)	Address (Line 2)
City, State Zip Code	City, State Zip Code
County	County
Phone	Phone

Nature of alleged Civil Rights Violation:

- | | |
|---|---|
| <input type="checkbox"/> Abortion Clinic Access
<input type="checkbox"/> Credit/ Lending Opportunities
<input type="checkbox"/> Disability Rights or Access
<input type="checkbox"/> Educational Opportunities
<input type="checkbox"/> Employment Discrimination
<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Law Enforcement Misconduct
<input type="checkbox"/> Military/Veteran Status
<input type="checkbox"/> Prisoner or Institutionalized Person Rights
<input type="checkbox"/> Religious Land Use
<input type="checkbox"/> Voting Rights
<input type="checkbox"/> Other: _____ |
|---|---|

What do you believe was the reason for the discrimination?

Disability National Origin Race Religion Sexual Orientation Other: _____

Please clearly describe the violations of the civil rights laws that you would like to bring to our attention. Please include copies of supporting documentation, but **DO NOT** send original documents:

<Attach additional page(s) if necessary>

Are you represented by an attorney in this matter? Yes No If yes, please provide name of attorney, address and phone number.

Name _____ Phone _____

Address _____

Have you filed a lawsuit concerning this matter? Yes No If yes, please provide the case name, court in which the case was brought, and the status of the case.

Have you filed a complaint about this matter with any other federal, state, or governmental agency? Yes No If yes, please list the agency, contact person, phone, and status of the complaint.

Although the volume of information we receive from concerned members of the public prevents us from responding to every complaint we receive, be assured that we will carefully consider the information you have provided us to determine whether a violation of the federal civil rights laws may have occurred and, if so, whether this Office has enforcement authority with respect to such a violation. If we determine that your letter raises a potential violation of federal civil rights law that would be within the jurisdiction of this Office to investigate and that further information from you is necessary for our investigation, you will be contacted.

*****SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT 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 YOU INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY. *****

Signature: _____ Date: _____

Send this complaint form to the following address:

**U.S Attorney's Office
Public Integrity and Civil Rights Section
Attention: Civil Rights Coordinator
Richard Russell Federal Building
75 Ted Turner Dr., S.W., Suite 600
Atlanta, Georgia 30303**