



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 Western District of Texas. The Office therefore readily receives information that brings to its attention possible violations of federal civil rights laws. The United States Attorney's Office is primarily a legal office and not an investigative agency. However, the Civil Division of this Office will evaluate your complaint and may refer it to another agency for investigation or other action.

Date: _____

<p>Person Filing Complaint:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip</p> <hr/> <p>Day Time Phone</p> <hr/> <p>E-mail</p> <hr/>	<p>Person or Entity you are Filing a Complaint about:</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip</p> <hr/> <p>Day Time Phone</p> <hr/> <p>E-mail</p> <hr/>
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Nature of alleged Civil Rights violation (please check area that applies to your complaint):

Disability Rights or Access	Voting Rights
Educational Opportunities	Religious Land Use
Employment Discrimination	Reproductive Rights Access
Military/Veteran Status Discrimination	Environmental Justice
Housing Discrimination	Credit/Lending Discrimination
Public Accommodation Discrimination	Other: _____

What do you believe is the basis for the Discriminative Act or Discrimination?

Disability		Race		Sex		Color		Religion		Sexual Orientation	
National Origin		Other:									

Please clearly describe the civil rights violation that you would like to bring to the attention of the U.S. Attorney's Office for the Western District of Texas. Describe the nature of the incident, the date, where the incident occurred, names of any witnesses and alleged wrongdoers and their contact information. Please include copies of any supporting documentation, correspondence, or photographs (do not send the original documents).

(attach additional page(s) if necessary)

Are you represented by an attorney in this matter? Yes No

If yes, please provide your attorney's name, address and phone number:

Have you filed a lawsuit concerning this matter? Yes No

If yes, please provide the case name and number, court the case was filed in, and the current status of the case:

Have you filed a complaint concerning this matter with any other federal, state, or government agency? Yes No

If yes, please list the agency, complaint number, name of contact person, phone number, and status of complaint:

What office or agency, if any, referred you to our office?

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

Please save this form and e-mail it to:

usatxw.civilrights@usdoj.gov

You can also fax or mail the completed complaint form and any supporting documentation to the following address:

Attn: Civil Division
U.S. Attorney's Office
Western District of Texas
601 NW Loop 410, Suite 600
San Antonio, Texas 78216
Tel 210.384.7100
Fax 210.384.7276