



U.S. Department of Justice
United States Attorney's Office
Eastern District of Kentucky

CIVIL RIGHTS COMPLAINT FORM

The United States Attorney's Office (the USAO), 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 Eastern District of Kentucky. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws. The USAO is primarily a legal office and not an investigative agency. The information you provide on this complaint form may be forwarded to the appropriate law enforcement and/or administrative agency at the discretion of this office.

Date: _____ **For Whom Are You Filing?** **Self** **Other** (name) _____

Person filing complaint:	Person/Entity you are filing a complaint about:
_____ Name	_____ Name
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Day Time Phone	_____ Day Time Phone
_____ E-mail	_____ E-mail

Nature of Alleged Civil Rights Violation (please check specific area(s) that apply to your complaint):

<input type="checkbox"/> Disability Rights or Access	<input type="checkbox"/> Voting Rights
<input type="checkbox"/> Educational Opportunities	<input type="checkbox"/> Religious Liberties
<input type="checkbox"/> Employment Discrimination*	<input type="checkbox"/> Prisoner/Institutionalized Person Rights
<input type="checkbox"/> Military/Veteran Status Discrimination	<input type="checkbox"/> Access to Reproductive Health Clinic
<input type="checkbox"/> Housing Discrimination	<input type="checkbox"/> Credit/Lending Opportunities
<input type="checkbox"/> Hate Crime or Hate Incident	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Law Enforcement Misconduct	*Note: "Employment Discrimination" includes Immigration Related Unfair Employment Practices

**Do you believe any of the following characteristics were the basis for the civil rights violation?
(Check any that apply.)**

Disability		Race		Sex		Color		Religion		Sexual Orientation or Gender Identity	
National Origin			Other:								

Please clearly describe the civil rights violation that you would like to bring to our attention. Include as much information as possible, including the date, place, and nature of the incident and contact information for any witnesses. Please also include copies of any supporting documentation (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?

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 the United States Department of Justice through the United States Attorney's Office or another agency has enforcement authority with respect to such a violation. This Office has the discretion to determine if your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate or should be referred to another agency for investigation.

*****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: aaaaaaaaaaaaaaaaaaaaaaaaaa

Please save this form and e-mail it to:

usakye.civilrights@usdoj.gov

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

**United States Attorney's Office
Eastern District of Kentucky
Attn: Civil Rights Intake
260 West Vine Street, Suite 300
Lexington, KY 40507-1612**