2110 First Street, Suite 3-137 Fort Myers, Florida 33901 239/461-2200 239/461-2219 (Fax)	and the second se	NT OF SUSTICE		300 N. Hogan Street, Room 700 Jacksonville, Florida 32202 904/301-6300 904/301-6310 (Fax)
35 SE 1st Avenue, Suite 300 Ocala, Florida 34471 352/547-3600 352/547-3623 (Fax)	U.S. Departn United Sta Middle Dist Main 400 North Tampa Tampa, F 813/274-6000 (Phon	n Office	orney Florida Suite 3200 602	400 West Washington Street, Suite 3100 Orlando, Florida 32801 407/648-7500 407/648-7643 (Fax)
CIVIL RI	GHTS CO	DMI	PLAIN	IT FORM
with enforcing the federal civil rights laws thre brings to its attention possible violations of fe	oughout the Middle Dis deral civil rights laws. T ne if your complaint rais	strict of F he Unite ses a pot	Florida. The Of d States Attorn ential violation	nited States Department of Justice, is charged fice therefore readily receives information that ney's Office is primarily a legal office and not an of federal civil rights laws that would be within estigation or other action.
Person Filing Complaint			Date:	
Name:				
Address:				
City:	State:			Zip Code:
Daytime Phone#:		E-mail	:	
Best Method & Time For Contact:				
Person/Entity You Are Filing Complaint About	t			
Name:				
Address:				
City:	State:			Zip Code:
Daytime Phone#:		E-mail	:	
Best Method & Time For Contact:				
Nature of alleged civil rights violation (please	check area that applies	to your	complaint):	
Abortion Clinic Access			Human Traffic	king
Credit/Lending Opportunities			Law Enforcement Misconduct	
Disability Rights or Access			Military/Veteran Status	
Educational Opportunities			Prisoner or Ins	stitutionalized Person Rights
Employment Discrimination			Religious Land	1 Use
Hate Crime			Voter Rights	
Housing Discrimination			Other:	
What do you believe was the reason for the	discrimination?			
DisabilityNational OriginRa		Sevua	l Orientation	Other
		_JUNUA		
				1

	Attached additional page(s) if necessa
	d by an attorney in this matter? Yes No e name of attorney, address and phone number:
	vsuit concerning this matter? Yes No the case name, court in which the case was brought, and the status of the case:
-	

This Office 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 the violation. If this Office determines that your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate and/or that further information from you is necessary for any investigation, we will contact you.

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

E-Mail Form or PRINT and send completed complaint form and any supporting documentation to the following:

Civil Rights Complaints, Civil Division United States Attorney's Office Middle District of Florida 400 N. Tampa Street, Suite 3200 Tampa, Florida 33602 Civil Rights Hotline: 813.274.6095 Email: USAFLM.Civil.Rights@usdoj.gov