



U.S. Department of Justice

United States Attorney's Office
Eastern District of Pennsylvania
Civil Division

Civil Rights Complaint Form

The United States Attorney's Office, working together with the Civil Rights Division of the United States Department of Justice, is responsible for enforcing federal civil rights laws in Pennsylvania. We strongly encourage the public to bring to our attention possible violations of civil rights laws. If appropriate, we may refer your complaint to another agency for investigation or other action.

If you need assistance completing this form please email _____, or contact the U.S. Attorney's Office at _____.

Please complete all fields

Person Filing Complaint:

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

Person or Entity you are filing a complaint about:

Person / Entity:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

1. Which of the following categories apply to your civil rights complaint? (Check all that apply)

☐ Disability Rights or Access

☐ Housing

☐ Credit / Lending

☐ Employment

☐ Education

☐ Military / Veteran Status

☐ Human Trafficking

☐ Voting Rights

☐ Law Enforcement

☐ Hate Crime

☐ Religious Beliefs

☐ Prison or Institution

☐ Public Accommodation

☐ Other: _____

2. What do you believe is the basis for the discrimination you describe in this complaint?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Race / Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Language |
| <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sex or Gender or Sexual Orientation | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Military / Veteran Status | <input type="checkbox"/> Other:_____ |

3. Describe the civil rights violation(s) and provide as much detailed information as possible, including (1) the date(s), (2) location(s), (3) what happened, and (4) contact information for any witnesses. Also include if you were given an explanation of why this happened, who gave you the explanation, and what the explanation was. You may include copies of any documents or other materials that you believe are important for your complaint. (DO NOT send originals.)

(attach extra pages if necessary)

4. Are you submitting this form on behalf of someone else?

Yes: ☐ No: ☐

If yes, please identify the discriminated person and their relationship to you.

5. Are you represented by an attorney for the issues you describe in this complaint?

Yes: ☐ No: ☐

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

6. Have you filed a lawsuit for the issues you describe in this complaint?

Yes: ☐ No: ☐

If yes, provide (1) the case name and number, (2) the court the case was filed in, and (3) the current status of the case.

7. Have you filed a complaint about these issues with any other federal, state, or government agency?

Yes: ☐ No: ☐

If yes, provide (1) the agency, (2) the name and phone number for your contact at the agency, and (3) the status of your complaint at the agency.

8. Did a person, office, or agency, refer you to our office?

Yes: ☐ No: ☐

If yes, who referred you?

SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY PERSONAL 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 LAWSUIT OR PROCEEDING ON YOUR BEHALF. IF YOU BELIEVE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED AND YOU INTEND TO SUE, YOU SHOULD CONTACT A PRIVATE ATTORNEY.

Your name: _____

Date: _____

Email, fax or mail a copy of this completed complaint form, along with any supporting documents, to:

U.S. Attorney's Office
Eastern District of Pennsylvania
AUSA Jacqueline Romero
Civil Rights Intake Coordinator
615 Chestnut Street, Suite 1250
Philadelphia, PA 19106

Email: USAPAE-CivilRights@usdoj.gov

Fax: 215-861-8618