

USPC Telephone: (202) 346-7000

FOR OFFICE USE ONLY
DATE RECEIVED: CASE NUMBER:

COMPLAINT ALLEGING FAILURE OF DEPARTMENT OF JUSTICE EMPLOYEE TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER THE CRIME VICTIMS' RIGHTS ACT OF 2004

Return signed form, including additional pages or documents, to: Attn: General Counsel

United States Parole Commission 90 K Street

NE, 3rd Floor

Washington, DC 20530-0001

or email to: USPCATTORNEYS@jmd.usdoj.gov

This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action against Department of Justice employees who may have failed to provide or have violated the rights of a crime victim under the Crime Victims' Rights Act of 2004. A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a Federal offense or an offense in the District of Columbia.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the Department of Justice employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the Federal Government in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

G	Victim	G	Attorney representing victim		
G	Legal Guardian	G	Other representative (describe)		
Name	nhone number and rela	tionship to	victim of person completing this form (if not the victim).		
Name	, phone number and refa	tionship to	victini of person completing this form (if not the victini).		
Is the	victim represented by ar	n attorney ir	this complaint? G Yes G No		
T.C	1 11 11 11	,	1 4 4 1 6 41 41 6 4 4 4 14 4 1 1 1 1 1 1		
		-	and contact information. All future contacts with the victim regarding this		
	please provide the attor aint will be made throug	-			

1. PERSONAL INFORMATION ABOUT THE VICTIM

First Name:	Middle Name:		Last Name:			
Title: Mr Mrs Ms	s Oth	ner				
Street Address:						
City:	State:	Country:		Zip Code:		
Home Telephone No:	Work Telephone No:		Cell Phone No:			
Email Address:						
2. INFOR MATION ABOUT THE The following section requests in Please provide as much informat	nportant information abou	t the criminal inve	stigation or case in w	which you are a victim.		
Stage of the Criminal Justice Process - S G Investigation G Arrest G Arraignm G Other	nent G Preliminary Hear	ing G Guilty Ple	ea G Trial G Sento	encing G Parole Hearing		
Defendant(s) Name(s):						
Case Number:	District Court:		Judge:			
3. <u>INFORMATION ABOUT THE VICTIM'S COMPLAINT</u> What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject complaint?						
Is your complaint against a speci If yes, please identify the person complaining.				right(s) about which you are		

	ollowing rights afforded by the Crime Victims' Rights Act of 2004, 18 U.S.C. § 3771, do you feel you were check all that apply.
G	The right to be reasonably protected from the accused.
G	The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.
G	The right not to be excluded from any such public court proceeding, unless the court, afer receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding.
G	The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding.
G	The reasonable right to confer with the attorney for the Government in the case.
G	The right to full and timely restitution as provided by law.
G	The right to proceedings free from unreasonable delay.
G	The right to be treated with fairness and with respect for the victim's dignity and privacy.
Please provide including the d	as much detailed information about your complaint against the Department of Justice employee(s) as possible ate(s) of the alleged violation(s), and an explanation of how the violation(s) occurred. However, you should facts of the criminal investigation or case in which you are a victim. You may attach additional pages or his complaint.

4.

	Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint? G Yes G No	•
	If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with wh you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve you complaint. You may attached additional pages or documents to this complaint.	om
6.	OTHER RELEVANT INFORMATION	
	Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.	
The in	formation set forth herein is true and correct to the best of my knowledge.	
Signatur	e: Date: (Must be signed by Victim)	
of the cr	me victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guard time victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. neck all that apply to the victim:	ian
	G Under 18 years of age G Incapacitated G Incompetent G Deceased	
Signatur	e: Date:	

PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE

5.