



U.S. immigration law prohibits certain types of employment discrimination and retaliation, including: (1) **citizenship status** discrimination with respect to hiring, firing, or the recruitment or referral for a fee of protected individuals; and (2) **national origin** discrimination (involving employers with four to fourteen employees) with respect to the hiring, firing, or recruitment or referral for a fee of all individuals who are lawfully authorized to work in the United States. The law also prohibits (3) **unfair documentary practices** which occur when an individual, business, organization or other entity refuses to accept a valid document, requests specific documentation or demands more or different documents than are required for completing the Form I-9 because of an individual's citizenship status or national origin. The law also prohibits (4) **retaliation** against individuals for asserting rights protected under the anti-discrimination provision of the immigration law, or for having participated or assisted in an investigation conducted by this office.

CHARGE FORM INSTRUCTIONS

Who can file a charge: Anyone who alleges they are a victim of discrimination or retaliation or an authorized person on behalf of the victim. **This charge form must be mailed to the address below or faxed to (202) 616-5509 or emailed to IER@usdoj.gov within 180 days of the alleged date of discrimination.** Please complete this form by typing or by legibly printing the information requested, in any language. If a question does not apply to you, leave it blank.

U.S. Department of Justice
Civil Rights Division
Immigrant and Employee Rights Section – 4CON
950 Pennsylvania Avenue, NW
Washington, D.C. 20530

Questions concerning this charge form can be directed to IER by telephone at 1-800-255-7688 (toll free) or TTY 1-800-237-2515 (toll free).

SECTION 1: EMPLOYER INFORMATION

Who committed the alleged discriminatory act?

Employer name: _____

Street or mailing address: _____

Suite: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

If you know, does the Employer operate under any other names? ☐ Yes ☐ No

If yes, under what other name(s)? _____

Number of Employees the Employer employs:

☐ Fewer than 4 ☐ 4-14 ☐ 15 or more ☐ Don't know/Unable to estimate

SECTION 2: TYPE OF DISCRIMINATION ALLEGED

What type of discrimination is being alleged? Check all that apply:

- ☐ **National Origin Discrimination** (The Injured Party was discriminated against with respect to hiring, firing, or recruitment or referral for a fee because the Injured Party is from a particular country or part of the world, because of the Injured Party's ethnicity or accent, or because of limited English ability.)
- ☐ **Citizenship Status Discrimination** (The Injured Party was discriminated against with respect to hiring, firing, or recruitment or referral for a fee because the Injured Party is, or is not, a U.S. citizen, or based on the Injured Party's immigration status.)
- ☐ **Retaliation for Protected Activity Under 8 U.S.C. § 1324b** (The Injured Party filed a charge of discrimination, complained about discrimination, participated in the investigation or case of another individual's discrimination claim, or otherwise asserted a right under the anti-discrimination provision, and, as a result, the Injured Party was retaliated against, intimidated, threatened, or coerced.)
- ☐ **Unfair Documentary Practices** (The individual, business, organization, or other entity refused to accept a valid document, requested specific documentation from the Injured Party, or demanded more or different documents than are required for completing the Employment Eligibility Verification (Form I-9 or E-Verify) process because of the Injured Party's citizenship or national origin.)

SECTION 3: DATE AND PLACE THE DISCRIMINATION OCCURRED AND THE SPECIFICS OF THE DISCRIMINATION ALLEGED

When did the discrimination occur? (Month) _____ (Day) _____ (Year) _____

Where did the discrimination occur? Place: _____

City: _____ State: _____

Explain in detail what happened when the Injured Party was discriminated against. Include whether the Injured Party was fired, laid-off, not hired, delayed in starting work, asked for additional documents, retaliated against, or other, and describe what happened in detail. (Attach additional sheets if needed. If the Injured Party has any documents to support the claim, you may attach them. Please only send copies of documents, not originals.)

SECTION 4: INJURED PARTY CONTACT INFORMATION

Full Name: _____

Street or Mailing Address: _____

APT: _____ City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

E-mail: _____ Best time to contact (if not represented): _____

Would you like us to communicate with the Injured Party in another language? ☐ Yes ☐ No

Preferred language: _____

SECTION 5: INJURED PARTY'S NATIONAL ORIGIN AND OTHER PERSONAL INFORMATION

What is the Injured Party's country of birth? _____

What Is the Injured Party's national origin (ancestry)? _____

What is the Injured Party's date of birth? (Month) _____ (Day) _____ (Year) _____

SECTION 6: INJURED PARTY'S CITIZENSHIP OR IMMIGRATION STATUS INFORMATION

- ☐ Citizen
☐ National of the United States
☐ Lawful Permanent Resident: **Date residency granted:** (Month) _____ (Day) _____ (Year) _____

Has the Injured Party applied for naturalization? ☐ Yes ☐ No

Date of Application: (Month) _____ (Day) _____ (Year) _____

- ☐ Asylee
☐ Refugee
☐ Temporary Resident admitted under § 1160(a) or § 1255(a) (certain individuals eligible to have their status adjusted based on amendments to the INA in the 1980s)
☐ None of the above, but is authorized to work: **Expiration date:** (Month) _____ (Day) _____ (Year) _____

Please specify:

☐ H-1 ☐ H-2 ☐ F-1/OPT ☐ J-1 ☐ B-1 ☐ Asylum Applicant ☐ Freely Associated States (FAS)

☐ Temporary Protected Status (TPS): (Country) _____

☐ Other (specify): _____

A #/USCIS # (for all non-citizens): _____

Admission # (if no A #): _____

SECTION 7: CHARGING PARTY CONTACT INFORMATION (The Charging Party is the person who files this form. Most times the Charging Party is the same as the Injured Party, but there are times when they are different, such as when someone files this form on behalf of an Injured Party.)

Is the Charging Party the same as the Injured Party? ☐ Yes, the same. If yes, skip to #8. ☐ No

Full Name: _____ Title: _____

Entity Name: _____

Street or mailing address: _____

APT: _____ City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

E-mail: _____ Best time to contact: _____

SECTION 8: CHARGES FILED WITH OTHER FEDERAL OR STATE AGENCIES BASED ON THE SAME FACTS

Has a charge based on this set of facts been filed with any federal, state, or local governmental agency? ☐ Yes ☐ No

If yes: Full Agency Name: _____

Agency Street or Mailing Address: _____

Suite: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

Date Filed: (Month) _____ (Day) _____ (Year) _____

File # (if known): _____ Investigator name (if known): _____

If IER determines that another government agency would be the appropriate office to investigate your claim, would you like IER to forward your charge to that office? ☐ Yes ☐ No, contact me before forwarding my charge.

SECTION 9: COMMUNICATIONS WITH IER

Have you previously spoken or communicated with IER prior to filing this charge? ☐ Yes ☐ No

If yes, when? (Month) _____ (Day) _____ (Year) _____

If so, how? ☐ Telephone hotline ☐ E-mail ☐ Outreach event

If you know, who in IER did you communicate with? _____

SECTION 10: AFFIRMATION AND SIGNATURE OF CHARGING PARTY

If this charge is being filed by the INJURED PARTY:

As a person alleging that I have been injured by an unfair immigration-related employment practice, I understand that IER may find it necessary to reveal my identity and other information during the conduct of the investigation of my charge, during any hearing or other proceeding as a result of my charge, or in limited circumstances in response to inquiries under the Freedom of Information Act. I give my consent to such disclosure. I affirm that, to the best of my knowledge, the information provided on this form is true.

(Signature of Injured Party) Date: _____

If this charge is being filed by an AUTHORIZED REPRESENTATIVE of the Injured Party:

I affirm that, to the best of my knowledge, the information provided on this form is true and that I am authorized to file this charge on behalf of the Injured Party. I understand that IER may find it necessary to reveal my identity and/or the Injured Party's identity during the conduct of the investigation of this charge, during a hearing or other proceeding as a result of this charge, or in limited circumstances in response to inquiries under the Freedom of Information Act. I give my consent to such disclosure.

Print Representative Name: _____

(Signature of Authorized Representative) Date: _____

SECTION 11: OPTIONAL INFORMATION

How did you hear about IER? (check all that apply)

- ☐ Internet ☐ IER Outreach ☐ E-Verify ☐ I-9 Form or Employer Handbook ☐ Poster/Brochure
- ☐ News/ media reports ☐ Department of Labor (DOL) ☐ Equal Employment Opportunity Commission (EEOC)
- ☐ State or Local Agency ☐ United States Citizenship and Immigration Services (USCIS)
- ☐ Union/Community Advocacy Group ☐ Friend/Relative ☐ Other (specify): _____

The Injured Party is (check all that apply):

- ☐ Hispanic or Latino ☐ Asian ☐ Black or African American ☐ White
- ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or more races

PRIVACY ACT STATEMENT

The authority for requesting this information from the Injured or Charging Party is contained in 8 U.S.C. § 1324b. The information that the Injured or Charging Party provides will be used principally for investigating and processing the charge of prohibited discrimination; however, the information may also be used for other legitimate purposes, as detailed in the Department of Justice's Federal Register Notice published in the Federal Register at 68 Fed. Reg. 47611 (August 11, 2003) describing the routine uses of the information obtained by the Civil Rights Division. While completing the form is voluntary, the Injured or Charging Party's failure to provide the information requested on this form could lead to the charge being dismissed or not being accepted. Knowingly making false statements on this form is punishable under 18 U.S.C. § 1001.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is necessary to enable the Department to process and investigate individual charges of discrimination in violation of 8 U.S.C. § 1324b as required by statutory mandate. The use of this collection instrument will facilitate this process by assisting charging parties to identify and provide the information necessary to initiate an investigation.

The estimated average burden associated with this collection is 30 minutes per charging party or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to IER's Special Policy Counsel, USDOJ-CRT-IER, 950 Pennsylvania Avenue, NW-4CON, Washington, DC 20530.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.