



Civil Rights Referral Form

The United States Attorney's Office for the Southern District of Ohio (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 Southern District of Ohio. 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 litigating office and not an investigative office. The information you provide on this form may be forwarded to the appropriate law enforcement and/or administrative agency at the discretion of the USAO.**

Your Contact Information:	Person/Entity Committing the Violation:
Name of Person or Entity	Name of Person or Entity
Address	Address
Address (Line 2)	Address (Line 2)
City, State Zip	City, State Zip
County Phone	County Phone
Email:	Email:

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Access to Reproductive Health | <input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Race/National Origin |
| <input type="checkbox"/> Credit/Lending Opportunities | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Religious Liberties |
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Law Enforcement Misconduct | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Equal Educational Opportunities | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hate Crime (Violence/Threats/Property Damage) | <input type="checkbox"/> Prisoner or Institutionalized | |
| <input type="checkbox"/> Hate Incident (All other bias-motivated acts) | <input type="checkbox"/> Person Rights | |

Does this incident involve an online platform? Yes No If yes, please list:

Please clearly describe the violation of the civil rights laws that you would like to bring to our attention. Please include as much information as possible, including (1) date, (2) location/address, (3) nature of the incident, (4) contact information for any witnesses, and (5) other pertinent information (please include copies of supporting documentation, but do not send original documents):

<Attach additional page(s) if necessary>

Do you believe that the violation of civil rights described on this form is part of, or results from, a policy, pattern, or practice on the part of the person or entity named above? If so, please describe the policy, pattern, or practice in detail and identify others who you believe were subjected to the same or similar treatment:

Are you represented by an attorney in this matter? Yes No If yes, please provide name of attorney, address, and phone number.

Name _____ Phone _____
Address _____

Have you filed a lawsuit concerning this matter? Yes No If yes, please provide the case name, court in which the case was brought, date, and the status of the case.

Have you filed a complaint about this matter with any other federal, state, or government agency? Yes No If yes, please list the agency, contact person, phone, date, and status of the complaint.

Although the volume of information we receive from concerned members of the public prevents us from responding to every tip we receive, please 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 USAO or another agency has enforcement authority with respect to such a violation. The USAO has the discretion to determine if the information you provide raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office and whether the matter should be referred to another agency for investigation.

*****PROVIDING INFORMATION TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY PERSONAL CLAIM YOU MAY HAVE. BY COMPLETING THIS FORM, 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, YOU SHOULD SEEK INDEPENDENT LEGAL COUNSEL. *****

Signature: _____ **Date:** _____

Please mail, email, or fax the Referral Form along with any supporting documentation to the following:

United States Attorney's Office, Southern District of Ohio
Attn: Civil Rights Coordinators
221 E. Fourth Street, Suite 400
Cincinnati, OH 45202
USAOHS.CivilRights@usdoj.gov
513-684-6385 (fax)

For more information, check out www.justice.gov/usao-sdoh and www.civilrights.justice.gov. You can also contact the Civil Rights Division at: 1-855-856-1247 (toll-free); (202) 514-071 (TTY) or leave a message on the USAO Civil Rights Tip Line at (513) 684-2055.