



U.S. Department of Justice

United States Attorney's Office
District of Arizona
Civil Division

Civil Rights Complaint Form

The United States Attorney's Office works together with the Civil Rights Division of the United States Department of Justice to enforce federal civil rights laws in Arizona. 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, or need the form in a different language or format, please email USAAZ-CivRightsCompl@usdoj.gov, or contact the U.S. Attorney's Office at 602-528-7299.

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 Discrimination

☐ Credit / Lending Discrimination

☐ Employment Discrimination

☐ Discrimination in Education

☐ Military / Veteran Status Discrimination

☐ Human Trafficking

☐ Voting Rights

☐ Discrimination by Law Enforcement

☐ Hate Crime

☐ Religious Land Use

☐ Discrimination in a Prison or Institution

☐ Discrimination in Places of 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 (family with children) | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sex or Gender | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Military / Veteran Status | <input type="checkbox"/> Other: _____ |

3. Please describe the civil rights violation(s) that you would like to bring to the attention of the U.S. Attorney's Office. Provide as much information as possible, including (1) the date(s), (2) location(s), (3) what happened, and (4) contact information for any witnesses. You may include copies of any documents or other materials that you believe are important for your complaint. (Please DO NOT send originals.)

(attach extra pages if necessary)

4. Do you believe that the violation of civil rights described in this complaint is part of a larger pattern of discrimination by the person or entity you name in the complaint?

Yes: ☐ No: ☐

If yes, please identify other people or groups that you believe may have experienced the same, or similar, discrimination by the person or entity. Include contact information, if available.

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 ALSO CONTACT A PRIVATE ATTORNEY.

Your name: _____

Date: _____

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

U.S. Attorney's Office District
of Arizona
Civil Rights Coordinator
40 N. Central Avenue, Suite
1800
Phoenix, AZ 85004-4449

Email: [USAAZ-
CivRightsCompl@usdoj.gov](mailto:USAAZ-CivRightsCompl@usdoj.gov)
Civil rights voicemail:
602-528-7299