

U.S. Department of Justice
Office of Special Counsel for Immigration-Related Unfair Employment Practices
Referral Transmittal Information Sheet

Name of Referring Agency:	City, State:
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Matter Name Used By Your Agency:	Case No. Assigned By Your Agency:
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Date Filed:	Discrimination Date:	Charging Party's Primary Language:
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Name of Assigned Attorney/Investigator:	Telephone Number:	E-Mail Address:
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Will your agency continue to investigate any aspect of this charge?	Yes	No
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If "Yes," identify what aspects of the charge remains under investigation by your agency:

Has the Charging Party filed a parallel charge with another agency?	Yes	No
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If "Yes," identify the agency receiving parallel charge:	City, State:	Case Number, if known:
	Point of Contact, if known:	Date Filed, if known:

Has all or part of this charge been referred to another agency?	Yes	No
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If "Yes," identify the office/agency that received the referral and the nature of the referral:	City, State:	Case Number, if known:
	Point of Contact, if known:	Date referred:

Accompanying Documents:

<input type="checkbox"/>	Agency intake documents	<input type="checkbox"/>	Charging Party submissions	<input type="checkbox"/>	Respondent submissions	<input type="checkbox"/>	Other, specify below
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Description of Additional Documents Enclosed:

Comments: