CIVIL RIGHTS COMPLAINT FORM

The United States Attorney’s Office is charged with enforcing federal civil rights laws within the Eastern District of Michigan. We therefore welcome information that brings to our attention possible violations of federal civil rights laws occurring within the Eastern District of Michigan.

Person Filing Complaint:
Name: ___________________________________________________________________
Address 1: __________________________________________________________________
Address 2: __________________________________________________________________
City, State Zip: _________________________________________________________________
Phone: ______________________ E-mail: __________________________________________

Person / Entity you are filing complaint about:
Name/ Badge number: __________________________________________________________________
Department: ___________________________________________________________________
Address 1: __________________________________________________________________
Address 2: __________________________________________________________________
City, State Zip: _________________________________________________________________
Phone: ______________________ E-mail: __________________________________________

Nature of Alleged Civil Rights Violation(s) (check all that apply):
[ ] Disability Rights or Access [ ] Housing Discrimination
[ ] Education [ ] Police / Law Enforcement Misconduct
[ ] Employment Discrimination [ ] Prisoner / Rights of other Institutional Persons
[ ] Bias / Hate Crimes [ ] Voting Rights
[ ] Other (specify) :