United States Attorney's Office
Eastern District of New York

Civil Rights Complaint Form

The United States Attorney's Office is charged with enforcing the federal civil rights laws within the Eastern District of New York, which includes Brooklyn, Queens, Staten Island in New York City and Nassau and Suffolk counties in Long Island. We therefore welcome information that brings to our attention possible violations of our nations civil rights laws.

Person Filing Complaint:	**Person / Entity you are filing complaint about:**
Name	Name of Person or Entity
Address 1	Address 1
Address 2	Address 2
City, State / Zip	City, State / Zip
County / Phone	County / Phone
E-mail Address	

Nature of Alleged Civil Rights Violation:

[ ] 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) : _____

Please clearly describe the incident . Include as much information as possible, including the date, place, nature of the incident, contact information for any witnesses and any relevant documents (do not send original documents):

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(Attach additional page(s) if necessary)

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

Firm Name _____

Name of Attorney _____ 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 filed, and the status of the case.

_____

_____

_____

Have you filed a complaint about this matter with any other federal, state or local agency?
[ ] Yes [ ] No If yes, please list the agency, contact person and phone number.

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The volume of complaints prevents us from responding to every complaint we receive. However, 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 this Office has enforcement authority with respect to such a violation. If we determine that your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate and /or that further information from you is necessary for our investigation, you will be contacted.

SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS OR

OTHER FILING REQUIREMENTS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. FURTHER, BY SUBMITTING THIS CLAIM 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 INTEND TO BRING A LAWSUIT, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.

Signature: Date: _____ **Date:** _____

Send completed complaint form and relevant documents to the following address:

Attn: Civil Rights Chief, Civil Division
United States Attorney's Office
271 Cadman Plaza East
Brooklyn, New York 11201
(718) 254-7000 (Phone)
(718) 254-6081 (Fax)
(718) 254-6180 (Fax)
Email: USANYE-CivilRights@usdoj.gov