



## Civil Rights Complaint Form

The United States Attorney's Office is charged with enforcing the federal civil rights laws within the Northern District of New York, which includes Albany, Broome, Cayuga, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Tioga, Tompkins, Ulster, Warren and Washington counties. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws.

### Person filing Complaint:

Name	
Address	
Address Line 2	
City, State	Zip
County	Phone

### Person/Entity you are filing Complaint about:

Name of Person or Entity	
Address	
Address Line 2	
City, State	Zip
County	Phone

### Nature of Alleged Civil Rights Violation:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Disability Rights         | <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Law Enforcement Misconduct    | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Fair Housing              | <input type="checkbox"/> Prisoner/Institutional Rights | <input type="checkbox"/> Other         |

**Please clearly describe the violation of the civil rights laws that you would like to bring to our attention. Include as much information as possible, including the date, place, nature of incident and contact information for any witnesses (do not send original documents):**

**Do you believe that the violation of civil rights described in this complaint 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 and the status of the case.

**Have you filed a complaint in this matter with any other federal, state or local agency?**       Yes     No

If yes, please provide the case name, court in which the case was brought and the status of the case.

Although the volume of information we receive from concerned members of the public prevents us from responding to every complaint we receive, 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 that further information from you is necessary for our investigation, you will be contacted.

---

**SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT 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 FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send this complaint form to the following address:

United States Attorney's Office  
Attn: Chief of the Civil Division  
Northern District of New York  
James T. Foley Courthouse  
445 Broadway, Room 218  
Albany, NY 12207  
(518) 431-0249 (fax)