



Civil Rights Complaint Form

The Civil Rights Unit of the United States Attorney's Office is charged with enforcing the federal civil rights laws within the Southern District of New York, which includes Bronx, Dutchess, New York, Orange, Putnam, Rockland, Sullivan, and Westchester 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:	Person/Entity you are filing complaint about:
_____ Name	_____ Name of Person or Entity
_____ Address	_____ Address
_____ Address (Line 2)	_____ Address (Line 2)
_____ City, State	_____ City, State
_____ Zip	_____ Zip
_____ County	_____ County
_____ Phone	_____ Phone

Nature of Alleged Civil Rights Violation:

- Disability Rights Fair Housing Voting Rights
 Educational Opportunities Law Enforcement Misconduct Other: _____
 Employment Discrimination Prisoner/Institutional Rights

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):

<Attach additional page(s) if necessary>

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 about this matter with any other federal, state, or local agency?
 Yes No If yes, please list the agency, contact person, phone, and status of the complaint.

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 completed complaint form to the following address:

**Chief, Civil Rights Unit
United States Attorney's Office
Southern District of New York
86 Chambers Street, 3rd Floor
New York, NY 10007
(212) 637 - 2750 (fax)**