



United States Attorney's Office
District of Vermont

CIVIL RIGHTS COMPLAINT FORM

The United States Attorney's Office (USAO), in coordination with the Civil Rights Division of the United States Department of Justice, is charged with enforcing the federal civil rights laws throughout the District of Vermont. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws. The USAO is primarily a litigating office and not an investigative office. The information you provide on this complaint form may be forwarded to the appropriate law enforcement and/or administrative agency at the discretion of this office.

Person Filing Complaint:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Email

Person/Entity you are filing complaint about:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Email

Nature of Alleged Civil Rights Violation (please check specific area(s) that apply to your complaint):

Fair Housing

Disability Rights or Access

Employment Discrimination

Human Trafficking

Credit/Lending Opportunities

Educational Opportunities

Military/Veteran Status

Voting Rights

Other

Please clearly describe the violation of 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 (please include copies of supporting documentation, but 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 the name, address, and phone number of the attorney.

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:** _____

To submit this Complaint, you may either print and mail the completed complaint form to the following address:

Chief, Civil Division
United States Attorney's Office - District of Vermont
P.O. Box 570
Burlington, Vermont 05402
(802) 951-6540 (fax)

or you may save as an Adobe PDF, fill out the form on your computer and email it as an attachment, by sending to:

USAVT.contactus1@usdoj.gov