



U. S. Department of Justice

*United States Attorney  
Central District of California*

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## CIVIL RIGHTS COMPLAINT FORM

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**The United States Attorney's Office is charged with enforcing federal civil rights laws within the Central District of California, which includes the following seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura. We therefore welcome information that brings to our attention possible violations of federal civil rights laws occurring within any of these counties.**

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### Person Filing Complaint:

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### 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) :

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**Please clearly describe the relevant incident(s). Include as much information as possible, including the date, place, nature of the incident(s), contact information for any witnesses and copies of any relevant documents. Please do not send original documents – if originals are needed, they will be requested. (*Attach additional page(s) if necessary.*)**

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**Are additional pages attached?**  Yes  No **If so, how many?** \_\_\_\_\_

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**Are you represented by an attorney in this matter?**  Yes  No

If yes, please provide the following information:

Attorney Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Have you filed a lawsuit concerning this matter?**  Yes  No

If yes, please provide the following information:

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Court in which filed: \_\_\_\_\_

Current status: \_\_\_\_\_

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**Have you filed a complaint about this matter with any other federal, state or local agency?**

Yes  No

If yes, please provide the following information:

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**The volume of complaints prevents us from responding to every complaint we receive. Be assured, however, 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.**

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**PLEASE UNDERSTAND THAT 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.**

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**Please sign and date below to indicate your understanding of the terms above and verify the accuracy of all factual representations contained in this complaint form.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Attn: Civil Rights Unit Chief, Civil Division  
United States Attorney's Office  
300 North Los Angeles Street, Suite 7516  
Los Angeles, California 90012  
(213) 894-2879 (Phone)  
(213) 894-7819 (Fax)**