

Vulnerable Communities Task Force Complaint Form

The Vulnerable Communities Task Force of the United States Attorney's Office in the Central District of California focuses on the investigation and prosecution of individuals and entities that prey on communities that are typically less likely to report crimes to law enforcement and historically have had less legal resource to address the offenders targeting them. These groups may include immigrants and migrant workers defrauded in immigration schemes, indigent individuals reliant on public benefits, the elderly, and those who have been reluctant to seek assistance from government authorities. If you are reporting a crime fitting this description, please fill out this form and send it to us by email or mail. If appropriate, we may share your complaint with another agency to look into, which may include a law enforcement agency. If you have any questions about this form, please email USACAC.VCTF@usdoj.gov.

Please complete all fields

Person filing complaint:

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

Person or Entity you are filing a complaint about:

Person / Entity:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

1. Which of the following categories apply to your complaint? (Check all that apply)

☐ Immigration Benefits Fraud

☐ Notario Fraud

☐ Theft of Public Benefits

☐ Crimes targeting or affecting older adults (60+)

☐ Other _____

2. Please identify the vulnerable community you believe has been affected:

3. Please describe the incident and how you were victimized. Provide as much information as possible, including: (1) the names and identifying information for the persons or companies you allege committed a crime, (2) what happened, including dates, times, locations, and the conduct you are reporting, (3) itemization of any losses you or others suffered, and (4) contact information for any witnesses. You may include copies of any documents or other materials that you believe are important for your complaint. Please also provide information you consider important that is not captured elsewhere in this complaint form. (DO NOT send originals.)

(attach extra pages if necessary)

4. Do you think other people or groups have experienced the same, or similar, victimization by the same person or entity?

Yes: ☐ No: ☐

If yes, please identify the others and their contact information.

5. Do you have an attorney for the issues you describe in this complaint?

Yes: ☐ No: ☐

If yes, provide your attorney's name, address, phone number, and email.

6. Have you filed a complaint about these issues with any other federal, state, or local government agency?

Yes: ☐ No: ☐

If yes, provide (1) the agency, (2) the name and phone number for your contact at the agency, and (3) the status of your complaint at the agency.

We may not respond directly to each complaint, but we do review every complaint. The U.S. Attorney's Office represents the interests of the United States and does not act as an attorney for private individuals; accordingly, this office will not initiate a lawsuit or proceeding on your personal behalf. Submitting a complaint to this office has no effect on any statute of limitations that might apply to any personal claim you may have. If you wish to take personal legal action, you should contact a private attorney.

Your name: _____

Date: _____

Submit a copy of this completed complaint form, along with any supporting documents, to:

U.S. Mail:

United States Attorney's Office
Attn: Vulnerable Communities Task Force
312 North Spring Street, 12th Floor
Los Angeles, California 90012

Email: USACAC.VCTF@usdoj.gov