



United States Attorney's Office
Eastern District of Washington

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 Eastern District of Washington. 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:	Person/Entity you are filing complaint about:
Name _____	Name of Person or Entity _____
Address _____	Address _____
Address (Line 2) _____	Address (Line 2) _____
City, State _____ Zip _____	City, State _____ Zip _____
County _____ Phone _____	County _____ Phone _____
email: _____	email: _____

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

- | | | |
|---|--|---|
| ☐ Abortion Clinic Access | ☐ Housing Discrimination | ☐ Race/National Origin |
| ☐ Credit/Lending Opportunities | ☐ Human Trafficking | ☐ Religious Liberties |
| ☐ Disability Rights or Access | ☐ Law Enforcement Misconduct | ☐ Voting Rights |
| ☐ Educational Opportunities | ☐ Military/Veteran Status | ☐ Other: _____ |
| ☐ Employment Discrimination** | ☐ Prisoner or Institutionalized Person Rights | |
| ☐ Hate Crime | | |

**Note: "Employment Discrimination" includes Immigration Related Unfair Employment Practices

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 (please include copies of supporting documentation, but 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? ☐ Yes ☐ No
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 government 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 may prevent 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 the United States Department of Justice through the United States Attorney's Office or another agency has enforcement authority with respect to such a violation. This Office has the discretion to evaluate whether a violation of the federal civil rights laws may have occurred and whether any such violation would be within the jurisdiction of this Office to investigate, or should be referred to another agency for investigation.

*****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 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:** _____

Mail or Fax your completed complaint form along with any supporting documentation to the following:

**United States Attorney's Office
Eastern District of Washington
c/o Civil Rights Team
PO Box 1494
Spokane, WA 99210-1494
(509) 835-6397 (fax)**