CIVIL RIGHTS COMPLAINT FORM

The United States Attorney’s Office, in coordination with the Civil Rights Division of the United States Department of Justice, is charged with enforcing federal civil rights laws throughout the District of Kansas. The Office readily receives information that brings to its attention possible violations of federal civil rights laws, even though it is primarily a legal office and not an investigative agency. This office's Civil Rights Unit will evaluate your complaint and may refer it to another agency for investigation or other action.

Date: ______________________________

<table>
<thead>
<tr>
<th>Person Filing Complaint:</th>
<th>Person or Entity you are Filing a Complaint about:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
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<tr>
<td>Day Time Phone</td>
<td>Day Time Phone</td>
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<td>E-mail</td>
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Nature of alleged violation (please check area that applies to your complaint):

- [ ] Disability Rights or Access
- [ ] Educational Opportunities
- [ ] Employment Discrimination
- [ ] Military/Veteran Status Discrimination
- [ ] Housing Discrimination
- [ ] Public Accommodation Discrimination
- [ ] Voting Rights
- [ ] Religious Land Use
- [ ] Immigration-Related Employment
- [ ] Abortion Clinic Access
- [ ] Credit/Lending Discrimination
- [ ] Other: ____________________________________
What do you believe is the basis for the discriminative act or discrimination?

<table>
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<tr>
<th>Disability</th>
<th>Race</th>
<th>Sex</th>
<th>Color</th>
<th>Religion</th>
<th>Sexual Orientation</th>
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<tr>
<td>National Origin</td>
<td>Other:</td>
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</table>

Please clearly describe the civil rights violation that you would like to bring to the attention of the U.S. Attorney’s Office, Civil Rights Unit. Describe the nature of the incident, the date, where the incident occurred, names of any witnesses and alleged wrongdoers and their contact information. Please also include copies of any supporting documentation (do not send the original documents).

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(attach additional page(s) if necessary)
Are you aware of other people who may have been subjected to the same or similar treatment? □ Yes  □ No

If yes, please provide the name(s), address(es), email address(es), and phone number(s):
______________________________________________________________________________
______________________________________________________________________________

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

If yes, please provide your attorney’s name, address, email, and phone number:
______________________________________________________________________________
______________________________________________________________________________

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

If yes, please provide the case name and number, court the case was filed in, and the current status of the case:
______________________________________________________________________________
______________________________________________________________________________

Have you filed a complaint concerning this matter with any other federal, state, or government agency? □ Yes  □ No

If yes, please list the agency, complaint number, name of contact person, phone number, and status of complaint:
______________________________________________________________________________
______________________________________________________________________________

What office or agency, if any, referred you to our office?
______________________________________________________________________________
PLEASE UNDERSTAND THAT SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS OR OTHER FILING REQUIREMENTS THAT MIGHT APPLY TO ANY PERSONAL 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.

Signature: ___________________________ Date: _______________________

Please save this form and e-mail it to:

USAKS.CivilRights@usdoj.gov

You can also fax or mail the completed complaint form and any supporting documentation to the following address:

Civil Division - Civil Rights Unit  
United States Attorney’s Office, District of Kansas  
500 State Ave., Suite 360  
Kansas City, KS 66101  
Fax (913) 551-6541