



U.S. Department of Justice  
United States Attorney's Office  
District of Kansas

## Civil Rights Complaint Form

The United States Attorney's Office for the District of Kansas (USAO), in connection 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 USAO readily receives 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 form may be forwarded to the appropriate law enforcement and/or administrative agency at the discretion of the USAO.**

Person Filing Complaint:	Person/Entity Committing the Violation:
<hr/> Name of Person or Entity	<hr/> Name of Person or Entity
<hr/> Address	<hr/> Address
<hr/> City, State                      Zip	<hr/> City, State                      Zip
<hr/> County                      Day Time Phone	<hr/> County                      Day Time Phone
<hr/> Email:	<hr/> Email:

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abortion Clinic Access                        | <input type="checkbox"/> Housing Discrimination                        | <input type="checkbox"/> Race/National Origin |
| <input type="checkbox"/> Credit/Lending Opportunities                  | <input type="checkbox"/> Human Trafficking                             | <input type="checkbox"/> Religious Liberties  |
| <input type="checkbox"/> Disability Rights or Access                   | <input type="checkbox"/> Law Enforcement Misconduct                    | <input type="checkbox"/> Voting Rights        |
| <input type="checkbox"/> Educational Opportunities                     | <input type="checkbox"/> Military/Veteran Status                       | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Employment Discrimination**                   | <input type="checkbox"/> Prisoner or Institutionalized Persons Rights  |   |
| <input type="checkbox"/> Hate Crime (Violence/Threats/Property Damage) | <input type="checkbox"/> Hate Incident (All other bias-motivated acts) |   |

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

**What do you believe was the reason for the discrimination?:**

☐ Disability      ☐ Familial Status      ☐ Gender Identity      ☐ National Origin      ☐ Race  
☐ Religion      ☐ Sex      ☐ Sexual Orientation      ☐ Other \_\_\_\_\_

**Does this incident involve an online platform?**    ☐ Yes    ☐ No    If Yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please clearly describe the civil rights violation that you would like to bring to our attention. Please include as much information as possible, including (1) date, (2) location/address, (3) nature of the incident, (4) contact information for any witnesses, and (5) other pertinent information (please include copies of supporting documentation, but do not send original documents):**

**<Attach additional page(s) if necessary>**

**Do you believe the civil rights violation described on this form 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 your attorney's name, address, and phone number:

Attorney Name \_\_\_\_\_ Attorney Address \_\_\_\_\_  
Attorney Phone Number \_\_\_\_\_

**Have you filed a lawsuit concerning this matter?**    ☐ Yes      ☐ No      If Yes, please provide the case name, court the case was filed in, and current 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, complaint number, contact person, phone number, and status of the complaint:

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**What office or agency, if any, referred you to our office?** \_\_\_\_\_

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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. If this office determines that your complaint raises a potential violation of a federal civil rights law that is within this office's enforcement authority and/or the office needs additional information from you, we will contact you. Our office also has discretion to determine whether the information in this complaint should be referred to another agency for investigation.

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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 COMPLAINT YOU MAY HAVE.**

**FURTHER, 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 INTEND TO BRING A LAWSUIT, YOU SHOULD CONTACT A PRIVATE ATTORNEY.**

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

Please mail, email, or fax your completed Civil Rights Complaint Form, along with any supporting documentation, to the following:

United States Attorney's Office, District of Kansas  
ATTN: Civil Rights Coordinator, Civil Division  
500 State Avenue, Suite 360, Kansas City, Kansas 66101  
[USAKS.CivilRights@usdoj.gov](mailto:USAKS.CivilRights@usdoj.gov) (Email)  
913-551-6541(Fax)

For more information about the USAO's Civil Rights Program, visit  
<https://www.justice.gov/usao-ks/civil-rights>.