2110 First Street, Suite 3-137 Fort Myers, Florida 33901 239/461-2200 239/461-2219 (Fax)

35 SE 1st Avenue, Suite 300 Ocala, Florida 34471 352/547-3600 352/547-3623 (Fax)

Housing Discrimination

Human Trafficking



U.S. Department of Justice United States Attorney Middle District of Florida

Main Office 400 North Tampa Street, Suite 3200 Tampa, Florida 33602 813/274-6000 813/274-6358 (Fax) 300 N. Hogan Street, Suite 700 Jacksonville, Florida 32202 904/301-6300 904/301-6310 (Fax)

400 West Washington Street, Suite 3100 Orlando, Florida 32801 407/648-7500 407/648-7643 (Fax)

Reply to: Tampa, FL

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 the federal civil rights laws throughout the Middle District of Florida. The Office therefore readily receives information that brings to its attention possible violations of federal civil rights laws. The United States Attorney's Office is primarily a legal office and not an investigative agency. This Office will determine if your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate or should be referred to another agency for investigation or other action.

Person Filing Complaint			Date:		
Name:					
Address:		_			
City:		State:			Zip Code:
Daytime Phone#:		E-mail:			
Best Met	hod & Time For Contact:				
Person/Ent	tity You Are Filing Complaint Abou	t			
Name:					
Address:					
City:		State:			Zip Code:
Daytime Phone#:			E-mail:		
Best Method & Time For Contact:					
Nature of a	lleged civil rights violation (please	check area that applies	s to your comp	olaint):	
+		1	_		
	Abortion Clinic Access			Law	Enforcement Misconduct
	Credit/Lending Opportunities			Milit	ary/Veteran Status
	Disability Rights or Access			Priso	oner or Institutionalized Person Rights
	Educational Opportunities			Relig	gious Land Use
	Employment Discrimination			Vote	r Rights
	Hate Crime			Othe	ar.

What do you bel	ieve was the reason fo	r the discrin	nination?		
Disability _	National Origin _	Race _	Religion __	Sexual Orientation	Other
information as p copies of suppo		e date, plac , but do not	e, nature of in	cident and contact infor	J.S. Attorney's Office. Include as much mation for any witnesses (please include
•	e sented by an attor provide name of atto	-		☐Yes ☐No e number:	
-	ed a lawsuit concern provide the case nar	-		「⊡res Г⊡No se was brought, and the	e status of the case:

Have you filed a complaint about this matter with any other federal, state, or government agency?
If yes, please list the agency, contact person, phone number and status of the complaint:
This Office 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 the violation. If this Office determines 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 any investigation, we will contact you.
PLEASE UNDERSTAND THAT SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OFLIMITATIONS 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

IF YOU BELIEVE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED, AND INTEND TO BRING A LAWSUIT, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.

PROCEEDING, AND THIS OFFICE HAS NOT INITIATED A SUIT OR PROCEEDING ON YOUR BEHALF.

E-Mail Form or **PRINT** and send completed complaint form and any supporting documentation to the following:

Civil Rights Complaints, Civil Division
United States Attorney's Office
Middle District of Florida
400 N. Tampa Street, Suite 3200
Tampa, Florida 33602
Civil Rights Hotline: 813.274.6095

Email: USAFLM.Civil.Rights@usdoj.gov