



Civil Rights Referral Form

The United States Attorney's Office for the District of Montana (USAO), in coordination with the Civil Rights Division of the United States Department of Justice (DOJ), is charged with enforcing federal civil rights laws throughout our District. We encourage and welcome the reporting of information from the public. Please use this Referral Form to bring to our attention possible violations of federal civil rights laws.

Your Contact Information:	Person/Entity Committing the Violation:
<i>Name:</i>	<i>Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City, State:</i> <i>Zip:</i>	<i>City, State:</i> <i>Zip:</i>
<i>County:</i>	<i>County:</i>
<i>Phone:</i>	<i>Phone:</i>
<i>Email:</i>	<i>Email:</i>

What is the nature of the alleged civil rights violation (please check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to Reproductive Health | <input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Religious Liberties |
| <input type="checkbox"/> Credit/Lending Opportunities | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Race/National Origin |
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Law Enforcement Misconduct | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Equal Education Opportunities | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hate Crime (violence/threats/property damage) | <input type="checkbox"/> Prisoner/Institutionalized Person Rights | |
| <input type="checkbox"/> Hate Incident (all other bias-motivated acts) | | |

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, date, and status of complaint.

Have you filed a lawsuit concerning this matter?

- YES NO If yes, please provide the case name/number, court, and the status of the case.

Are you currently represented by an attorney concerning this matter?

- YES NO If yes, please provide the name, address, and phone number of the attorney.
