



United States Attorney's Office  
District of Montana

## 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:
Name:	Name:
Address:	Address:
City, State: Zip:	City, State: Zip:
County:	County:
Phone:	Phone:
Email:	Email:

**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.

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**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.

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**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.

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

*Attach additional page(s) if necessary*

**Do you believe the violation of civil rights 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.**

*Attach additional page(s) if necessary*

**Please email or mail this Referral Form along with copies of any supporting documentation to the following:**

EMAIL:

**USAMT.CivilRights@usdoj.gov**      or

MAIL:

U.S. Attorney's Office  
ATTN: Civil Rights Coordinator  
2601 Second Ave. N., Suite 3200  
Billings, MT 59101

**NOTICE:** By submitting this report, you have not commenced a lawsuit or any other legal proceeding. Providing this information has no effect on any statute of limitation that might apply to any personal claim you may have. If you believe your civil rights have been violated and you intend to sue, you should seek independent legal counsel.

While we are unable to respond to every report, tip, or inquiry we receive, please be assured that we will carefully consider the information you provide to determine whether a violation of federal civil rights laws may have occurred and, if so, whether the DOJ through the USAO or another agency has enforcement authority with respect to such a violation. At the discretion of the USAO, the information you provide may be forwarded to the appropriate law enforcement and/or administrative agency.

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

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

*For more information, please visit [www.civilrights.justice.gov](http://www.civilrights.justice.gov)*