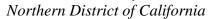
United States Attorney's Office





Civil Rights Complaint Form

The United States Attorney's Office (USAO), 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 Northern District of California. We therefore welcome 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 complaint form may be forwarded to the appropriate federal, state, or local law enforcement and/or administrative agency at the discretion of this office.

Person filing complaint		Person/Entity you are filing complaint about		
Name		Name of Person or Entity		
Address		Address	Address	
Address Line 2		Address Line 2		
City, State	Zip	City, State	Zip	
County	Phone	County	Phone	
Email:		Email:		
Nature of Alleged (complaint):	Civil Rights Viola	tion (please check specific area((s) that apply to your	
Abortion Clinic Access Credit/Lending Opportunities Disability Rights or Access Educational Opportunities Employment Discrimination** Hate Crime **Note: "Employment Discrimination" inc		Housing Discrimination Race/National Origin Human Trafficking Religious Liberties Law Enforcement Misconduct Voting Rights Military/Veteran Status Other: Prisoner or Institutionalized Person Rights Cludes Immigration Related Unfair Employment Practices		
attention. Include a	as much informat ation for any wit	of the civil rights laws that you ion as possible, including the danesses (please include copies of s	C	

from, a policy, pattern, or practice of	civil rights described in this complaint is part of, or results on the part of the person or entity named above? If so, please tice in detail and identify others who you believe were subjected
Are you represented by an attorney If yes, please provide name of attorney	
Name	Phone
Address	
Have you filed a lawsuit concerning If yes, please provide the case name, or	this matter? Yes No court in which the case was brought, and the status of the case.
	his matter with any other federal, state, or government agency? agency, contact person, phone, and status of the complaint.
	nformation you provide on this form with other government ng your information released outside the government?
responding to every complaint submit provided to determine whether a poter potential violation has been identified	we receive from concerned members of the public prevents us from ted, be assured that we will carefully consider the information ntial violation of the federal civil rights laws has occurred. If a , the appropriate enforcement authority will be assigned. This Office ction and/or provide a referral to another agency for investigation.
LIMITATIONS THAT MIGHT AP THIS COMPLAINT YOU HAVE N PROCEEDING, AND THIS OFFIC YOUR BEHALF. IF YOU BELIEV	T TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF PLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING NOT COMMENCED A LAWSUIT OR OTHER LEGAL CE HAS NOT INITIATED A SUIT OR PROCEEDING ON TE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED AND TEY OR OTHER RELIEF, YOU SHOULD CONTACT A
Signature:	Date:

Mail or e-mail your completed complaint form, along with any supporting documentation to:

Civil Rights Coordinator, Civil Division United States Attorney's Office, Northern District of California 450 Golden Gate Avenue, 11th Floor San Francisco, California