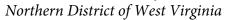
## **United States Attorney's Office**





## **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 West Virginia. 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 law enforcement and/or administrative agency at the discretion of this office.

| Person Filing Complaint:  Name  Address  Address (Line 2) |                | Person/Entity you are filing complaint about:  Name  Address  Address (Line 2) |                                    |             |      |             |       |
|---|----------------|--|------------------------------------|-------------|------|-------------|-------|
|   |                |  |                                    | City, State | Zip  | City, State | Zip   |
|   |                |  |                                    | County P    | hone | County      | Phone |
|   |                |  |                                    | Email       |      | <br>Email   |       |
|   |                |  | (s) that apply to your complaint): |             |      |             |       |
| Fair Housing  | Disability     | Rights or Access   | <b>Employment Discrimination</b>   |             |      |             |       |
| Human Trafficking   | Credit/Let     | nding Opportunities  | <b>Educational Opportunities</b>   |             |      |             |       |
| Military/Veteran Sta                                      | atus Voting Ri | ghts   | Other                              |             |      |             |       |

Please clearly describe the violation of civil rights laws that you would like to bring to our attention. Include as much information as possible, including the date, place, nature of incident, and contact information for any witnesses (please include copies of supporting documentation, but do not send original documents):

| Do you believe that the violation of civil rights described in this complaint 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: |   |  |  |  |
|---|---|--|--|--|
| And you nonvecented by an attenuacy in this made  | ter? Yes No If yes, please provide the  |  |  |  |
| Are you represented by an attorney in this manname, address, and phone number of the attorn   | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
| Have you filed a lawsuit concerning this matter<br>name, court in which the case was brought, and   | *   |  |  |  |
| Have you filed a complaint about this matter w Yes No If yes, please list the agency  | ith any other federal, state or local agency? y, contact person, phone, and status of the complaint.  |  |  |  |
| responding to every complaint we receive, be assultance provided us to determine whether a violation so, whether this Office has enforcement authority we complaint raises a potential violation of federal civil   | om concerned members of the public prevents us from red that we will carefully consider the information you of the federal civil rights laws may have occurred and, if with respect to such a violation. If we determine that your all rights laws that would be within the jurisdiction of this from you is necessary for our investigation, you will be |  |  |  |
| LIMITATIONS THAT MIGHT APPLY TO ANY COMPLAINT FORM YOU HAVE NOT COMMEN AND THIS OFFICE HAS NOT INITIATED A SU   | OFFICE HAS NO EFFECT ON ANY STATUTE OF CLAIM YOU MAY HAVE. BY SUBMITTING THIS CED A LAWSUIT OR OTHER LEGAL PROCEEDING, IT OR PROCEEDING ON YOUR BEHALF. IF YOU DLATED AND YOU INTEND TO SUE FOR MONEY OR IVATE ATTORNEY.  |  |  |  |
| Signature:  | Date:   |  |  |  |

To submit this Complaint, you may either print and mail the completed complaint form to the following address:

Chief, Civil Division
United States Attorney's Office - Northern District of West Virginia
P.O. Box 591
Wheeling, WV 26003
(304) 234-0110 (fax)

 $\underline{\text{or}}$  you may save as an Adobe PDF, fill out the form on your computer and email it as an attachment, by sending to: