



UNITED STATES ATTORNEY'S OFFICE
SOUTHERN DISTRICT OF FLORIDA

CIVIL RIGHTS COMPLAINT FORM

The United States Attorney's Office is charged with enforcing federal civil rights laws within the Southern District of Florida, which includes the following counties: Miami-Dade, Broward, Monroe, Palm Beach, Martin, St. Lucie, Indian River, Okeechobee, and Highlands. We therefore welcome information that brings to our attention possible violations of federal civil rights laws occurring within any of these counties.

See below for additional information such as Human Trafficking Reporting and FBI contacts. If this is an **emergency**, please call 911 or your local police department, so that your issue can be addressed immediately.

Person Filing Complaint:

Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____

E-mail: _____

Person / Entity you are filing complaint about:

Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____

E-mail: _____

Nature of Alleged Civil Rights Violation(s) (check all that apply):

- Disability Rights or Access Housing Discrimination
 Education Police / Law Enforcement Misconduct
 Employment Discrimination Prisoner / Rights of other Institutional Persons
 Bias / Hate Crimes Voting Rights
 Other (specify): _____
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Please clearly describe the relevant incident(s). Include as much information as possible, including the date, place, nature of the incident(s), contact information for any witnesses and copies of any relevant documents. Please do not send original documents – if originals are needed, they will be requested. (*Attach additional page(s) if necessary.*)

Are additional pages attached? Yes No If so, how many?

Are you represented by an attorney in this matter? Yes No

If yes, please provide the following information:

Attorney Name: _____

Firm Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____ E-mail: _____

Have you filed a lawsuit concerning this matter? Yes No

If yes, please provide the following information:

Attorney Name: _____

Firm Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Phone: _____ E-mail: _____

Have you filed a complaint about this matter with any other federal, state or local agency?

Yes No

If yes, please provide the following information:

Agency Name: _____

Contact Person: _____

Phone Number: _____

The volume of complaints prevents us from responding to every complaint we receive. Be assured, however, that we 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 such a violation. If we determine 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 our investigation, you will be contacted. As stated above, responses may take up to one month.

Please understand that submitting this complaint form has no effect on any statute of limitations 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 proceeding, and this office has not initiated a suit or proceeding on your behalf. If you believe your civil rights have been violated, and intend to bring a lawsuit, you should also contact a private attorney.

If you are seeking to file a complaint with the FBI, you may call (754) 703-2000 or complete a public lead form at <https://tips.fbi.gov/>. Note that responses to this form may take up to one month, depending on the volume of complaints.

Human Trafficking violations should *not* be reported using this form. Instead, please report those violations by calling 1-888-3737-888 or emailing NHTRC@polarisproject.org.

Please sign and date below to indicate your understanding of the terms above and verify the accuracy of all factual representations contained in this complaint form.

Signature: _____

Date: _____

Send completed complaint form and any relevant documents to the following address:

**Attn: Civil Rights Section Chief, Civil Division
AUSA Veronica Harrell-James
United States Attorney's Office
Southern District of Florida
99 N.E. 4th Street 3rd Floor
Miami, Florida 33132
(305) 961-9327 (Direct line)**