



U.S. Department of Justice
United States Attorney

(616) 808-2004

Western District of Michigan

CIVIL RIGHTS COMPLAINT FORM

Along with the Civil Rights Division of the United States Department of Justice, the United States Attorney's Office enforces federal civil rights laws within the Western District of Michigan. We therefore welcome information that brings to our attention possible violations of federal civil rights laws occurring within the Western District of Michigan.

Person Filing Complaint:

Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Person / Entity you are filing complaint about:

Name/ Badge number: _____

Department: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Housing Discrimination |
| <input type="checkbox"/> Education | <input type="checkbox"/> Police / Law Enforcement Misconduct |
| <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Prisoner / Rights of other Institutional Persons |
| <input type="checkbox"/> Bias / Hate Crimes | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Other (specify): | |

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

Date of incident: _____

Witnesses:

Name	Address	Phone Number
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Additional Information:

What office or agency referred you to our office? _____

Did you file a police report? _____, If yes, state the date, agency and person who received the complaint. _____

Please provide a copy of the complaint, if possible.

Are you scheduled to appear in court? _____ If yes, when and where _____

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:

Case Name: _____

Case Number: _____

Court in which filed: _____

Current status: _____

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: _____

What office or agency referred you to our office? _____

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.

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.

BY SUBMITTING THIS CLAIM YOU HAVE NOT COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OFFICE HAS NOT INITIATED AN INVESTIGATION, SUIT OR PROCEEDING ON YOUR BEHALF.

IF YOU BELIEVE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED, AND YOU INTEND TO BRING A LAWSUIT, YOU SHOULD CONTACT A PRIVATE ATTORNEY.

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 Unit
United States Attorney's Office
Western District of Michigan
P.O. Box 208
Grand Rapids, MI
49501-0208