



**United States Attorney's Office**  
*Western District of Washington*

## Elder Justice Complaint Form

The United States Attorney's Office is committed to pursuing elder abuse, neglect, and financial scams targeting seniors in the Western District of Washington. We therefore welcome information from the public that brings to our attention possible instances of abuse or exploitation. **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.**

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| <b>Person making the complaint:</b><br><br>Name<br><br>Address<br><br>Address (Line 2)<br><br>City, State                      Zip<br><br>County                      Phone<br><br>email:                | <b>Victim (if different from person making complaint):</b><br><br>Name<br><br>Address<br><br>Address (Line 2)<br><br>City, State                      Zip<br><br>County                      Phone<br><br>email:                          |
| <b>Facility/company you are complaining about:</b><br><br>Name<br><br>Address<br><br>Address (Line 2)<br><br>City, State                      Zip<br><br>County                      Phone<br><br>email: | <b>Person at the facility/company you are complaining about (if any):</b><br><br>Name and Title<br><br>Address<br><br>Address (Line 2)<br><br>City, State                      Zip<br><br>County                      Phone<br><br>email: |

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

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**Please attach additional page(s), if necessary.**

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**Are you or the victim represented by an attorney in this matter?** ☐ Yes ☐ No **If yes**, please provide name of attorney, address, and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**May we contact you about the information you provided on this form?** ☐ Yes ☐ No **If yes**, please provide a phone number at which you can be reached, if different from the above.

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**Have you or the victim filed a lawsuit concerning this matter?** ☐ Yes ☐ No **If yes**, please provide the case name, court in which the case was brought, and the status of the case.

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**Have you or the victim filed a complaint about this matter with any other federal, state, or government agency?**

☐ Yes ☐ No **If yes**, please provide the name of the agency, contact person, phone, and status of the complaint.

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**As noted above, we may share the information you provide on this form with other government agencies. Do you consent to also having your information released outside the government?**  
☐ Yes ☐ No

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Although the volume of information we receive from members of the public prevents us from responding to every complaint submitted, be assured that we will carefully consider the information you provided to determine whether a potential violation of the federal laws has occurred. If a potential violation is identified, the appropriate enforcement authority will be assigned. This Office has the discretion to determine jurisdiction and/or provide a referral to another government agency for investigation.

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**\*\*\*SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT 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 RIGHTS HAVE BEEN VIOLATED AND YOU INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY.**

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

Email, mail, or fax your completed complaint form, along with any supporting documentation, to:

**Elder Justice Coordinator, Civil Division  
United States Attorney's Office  
Western District of Washington  
700 Stewart Street, Suite 5220  
Seattle, Washington  
[USAWAW.ElderJustice@usdoj.gov](mailto:USAWAW.ElderJustice@usdoj.gov)  
FAX (206) 553-0882**