



**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.**

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

Mail, e-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**  
[\[Insert Email Address\]](#)  
**FAX (206) 553-0882**