



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 Southern District of Indiana. 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:	Person/Entity you are filing a complaint about:
Name	Name of Person or Entity
Address	Address
Address (Line 2)	Address (Line 2)
City, State Zip	City, State Zip
County Phone	County Phone
Email:	Email:

Nature of Alleged Civil Rights Violation (please check specific area(s) that apply to your complaint):

- | | | |
|--|---|---|
| <input type="checkbox"/> Abortion Clinic Access | <input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Race/National Origin |
| <input type="checkbox"/> Credit/Lending Opportunities | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Religious Liberties |
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Law Enforcement Misconduct | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Equal Educational Opportunities | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hate Crime | <input type="checkbox"/> Prisoner or Institutionalized
Person Rights | |

Please clearly describe the violation of the civil rights laws that you would like to bring to our attention. Include as much information as possible, including (1) date, (2) place, (3) nature of incident, (4) contact information for any witnesses, and (5) other pertinent information (please include copies of supporting documentation, but do not send original documents):

<Attach additional page(s) if necessary>

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:

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

Name _____

Phone _____

Address _____

Have you 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.

Have you filed a complaint about this matter with any other federal, state, or government agency? Yes No If yes, please list the agency, contact person, phone, and status of the complaint.

Although the volume of information we receive from concerned members of the public prevents us from responding to every complaint we receive, be assured 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 the United States Department of Justice through the United States Attorney's Office or another agency has enforcement authority with respect to such a violation. This Office has the discretion to determine if your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate, or should be referred to another agency for investigation.

*****SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY PERSONAL 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 CIVIL RIGHTS HAVE BEEN VIOLATED AND YOU INTEND TO SUE, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.**

Signature: _____

Date: _____

Mail or Fax your completed complaint form along with any supporting documentation to the following:

Civil Rights Task Force
United States Attorney's Office, Southern District of Indiana
10 West Market Street, Suite 2100
Indianapolis, IN 46204
(317) 226 – 5027 (fax)