

If you believe you or someone else has experienced a civil rights violation, please tell us what happened. Before starting, you can also read the <u>instructions for this form</u> (page 8) and what to expect after submission.

You are not required to provide your name or contact information. If you want to remain anonymous, leave this section blank. If you choose to provide your contact information, we will only use it to respond to your submission.

1 Contact	
First name	Last name
Email	Phone
Mailing address 1	
Mailing address 2	
City	State
Zip code	
Yes No	



2 Primary concern

What is your primary reason for contacting the Civil Rights Division?

Select the **primary reason** that best describes your concern. Each reason lists examples of civil rights violations that may relate to your incident. In another section of this report, you will be able to describe your concern in your own words.

Note: Some primary concerns have follow-up questions. If you select one of these, we ask that you also answer the follow-up question presented below the specific primary reason.

\bigcirc	Workplace discrimination or ot	her employment-related probl	em
	Examples:		
	· Fired, not hired, or demoted for	reasons unrelated to job performanc	e or qualifications
	 Retaliated against for reporting 	g discrimination	
	 Inappropriately asked to provide 	e immigration documentation	
	Denied reemployment or fired based on military service		
	 Denied an accommodation for a disability, including not being allowed to have a service 		
	animal in the workplace		
	Was this a public or private em	ployer? *	
	Public employer	Private employer	I'm not sure
	T dollo employer	1 Tivate employer	O Till flot said
	How large is this employer?		
	Fewer than 15 employees	15 or more employees	I'm not sure
	Tower than to employees	o ar mere empleyees	O minor sairs
	Housing discrimination or hara	ssment	
	Examples:		
		oan based on personal characteristic	s like race, sex, and/or
	having children under 18 years o		
		other tenant, including sexual harass	sment
		ease due to military status change	
		a disability, including not being allow	ed to have a service or
	assistance animal in public hou	sing	

(*) **Public employers** include organizations funded by the government like the military, post office, fire department, courthouse, DMV, or public school. This could be at the local or state level. **Private employers** are business or non-profits not funded by the government such as retail stores, banks, or restaurants.



	mary concern, continued
\bigcirc N	listreated by police, correctional staff, or inmates (Including while in prison)
E	xamples:
	Police brutality or use of excessive force, including patterns of police misconduct Searched and arrested under false pretenses, including racial or other discriminatory profiling Denied rights while arrested or incarcerated Denied access to safe living conditions or accommodations for a disability, language barrier, or religious practice while incarcerated
D	id this happen while in custody or incarcerated?
(Yes No
re	iscrimination at a school, educational program or service, or related to eceiving education * Kamples:
•	Harassment based on race, sex, national origin, disability, or religion Denied admission or segregated in an education program or activity Denied educational accommodations for a disability or language barrier
D	id this happen at a public or a private school, educational program or activity?
(Publi s hool or e •u ational program I'm not sure
(Privates hool or e •u ational program
	oting rights or ability to vote affected
E	xamples:
	Obstacles to registering to vote, obtaining or submitting a ballot, having your ballot counted, or entering a polling place to vote Denied adequate voting assistance or accommodations for a disability at a polling place Restricted or prevented from participating in an election, including voting, becoming a candidate, or being elected for office

^(*) Includes schools, educational programs, or educational activities, like training programs, sports teams, clubs, or other school-sponsored activities

2 Primary concern, continued

\bigcirc	Discriminated against in a commercial location or public place	
	Thi co ld incl de a o e e a an ba ho el place of o hip lib a medical facili bank co ho e go e nmen b ilding p blic pa k o ee a ell a online	
	Examples:	
	 A physical or online location that does not provide disability accommodations Denied service or entry because of a perceived personal characteristic like race, sex, or religion Denied an accommodation for a disability, including not being allowed to have a service 	
	animal in a commercial or public location	
	Place of worship or about a place of worship Ch ch nagog e emple eligio comm ni cen e	
	Commercial or retail buildings Soe e a an ba ho el hea e	8
	Healthcare facility B	
	Ho pi al o clinic incl ding inpa ien and o pa ien p og am ep od c i e ca e clinic a e de elopmen al in i ion n ing home	
	Financial institution Bank c edi nion loan e ice	
	Public space Pa k ide alk ee o he p blic b ilding co ho e DMV ci lib a	
	Other	
	Please describe "Other reason" (in 10 words or fewer)	
	——————————————————————————————————————	

Something else happened

The e ample abo e e ec ome b no all of he ci il igh iola ion ha e add e Selec hi op ion if o don ee an e ample ha applie o o i a ion Yo ill be able o ell mo e la e



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3	Location	detaile
	Location	uctaits

Please tell us the city, state, and name of the location where this incident took place. This ensures your report is reviewed by the right people within the Civil Rights Division.

Organization name Examples: Name of facility, business or location, so	school, town or city, prison, polling place, website, etc.
Street address 1	
Street address 2	
City	State
A Data	
4 Date	
When did this happen?	
	s incident happened so we can take the appropriate action. If thi
happened over a period of time or is still happe	ening, please provide the most recent date.
Date	



5 Personal characteristics

Do you believe any of these personal characteristics influenced why you were treated this way?

There are federal and state laws that protect people from discrimination based on their personal characteristics. Here is a list of the most common characteristics that are legally protected. Select any that apply to your incident.

Age
Disability (including temporary or recovered and including HIV and drug addiction)
Family, marital, or parental status
Gender identity (including gender stereotypes)
Genetic information (including family medical history)
Immigration/citizenship status (choosing this will not share your status)
Language
National origin (including ancestry and ethnicity)
Pregnancy
Race/color
Religion
Sex
Sexual orientation
None of these apply to me
Other reason
Please describe "Other reason" (in 10 words or fewer)



6 Personal Description

In your own words, describe what happened.

Please share details like:

- Time
- · Names of people involved including witnesses if there are any
- Any supporting materials (please list and describe them)



Instructions

The purpose of this form is to assist you in filing a report with the Civil Rights Division. You are not required to use this form; a letter with the same information is sufficient, however, please ensure you are including the same information.

Step 1: You can complete and submit this form. By completing this form, you can provide the details we need to understand what happened. You can mail a printed copy of this form via postal service to the division or you can email an electronic copy. Once we receive your report, it is immediately sent to our staff for review.

Step 2: We will review your report. Teams that specialize in handling your type of issue will review it. If it needs to be forwarded to another team or agency, we will try to connect your complaint to the right group.

Step 3: We will determine next steps and get back to you. Possible outcomes include: following up for more information, starting a mediation or investigation, directing you to another organization for further help, or informing you that we cannot help.

To mail a printed copy of the form:

U.S. Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Washington, D.C. 20530-0001 To reach us by phone:

(202) 514-3847 1-855-856-1247 (toll-free) Telephone Device for the Deaf (TTY) (202) 514-0716

Privacy Policy

The purpose of this form is to allow the public to submit civil rights complaints to the Department of Justice, thereby allowing us to enforce over thirty civil rights statutes (https://civilrights.justice.gov/privacy-policy#our-statutes) within our authority. These statutes authorize us to collect this information. You should know that any information you provide through this form is voluntary, yet failure to provide some of the information might limit the Department's ability to pursue your claim. We may use this information for certain routine uses, including sharing this information under certain circumstances with:

- contractors who work with us, if they need it to perform a contract;
- · a court, magistrate, or administrative tribunal, as well as opposing counsel during settlement negotiations and/or litigation;
- Members of Congress;
- Federal, state, or local law enforcement agencies.

You can find our complete Privacy Policy at https://civilrights.justice.gov/privacy-policy.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Justice, Civil Rights Division 950 Pennsylvania Avenue, NW., Washington, D.C. 20530-0001.