



U.S. Department of Justice

United States Attorney's Office
Central District of California

Civil Rights Complaint Form

The United States Attorney's Office enforces federal civil rights laws in the [Central District of California](#), which consists of Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, and San Luis Obispo counties. If you believe your civil rights have been violated, please fill out this form and send it to us by email, mail, or fax. We are committed to protecting your privacy and protecting you from retaliation. If appropriate, we may share your complaint with another agency to look into, which may include a law enforcement agency. If you have any questions about this form, please email USACAC.CV-CivilRights@usdoj.gov. Thank you.

Please complete all fields

Person filing complaint:

Name:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

Person or Entity you are filing a complaint about:

Person / Entity:

Address Line 1:

Address Line 2:

City, State, Zip:

Phone:

Email:

1. Which of the following categories apply to your civil rights complaint? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Law Enforcement Activity |
| <input type="checkbox"/> Credit / Lending Discrimination | <input type="checkbox"/> Hate Crime |
| <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Religious Land Use |
| <input type="checkbox"/> Discrimination in Education | <input type="checkbox"/> Unlawful Conditions in a Jail, Prison, or Institution |
| <input type="checkbox"/> Military / Veteran Status Discrimination | <input type="checkbox"/> Discrimination in Places of Public Accommodation, if any |
| <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Other: _____ |

2. On what basis do you believe the discrimination took place? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Race / Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Language |
| <input type="checkbox"/> Citizenship Status | <input type="checkbox"/> Familial Status (family with children) | <input type="checkbox"/> Age |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation or Gender Identity | <input type="checkbox"/> Sex or Gender |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Military / Veteran Status | <input type="checkbox"/> Other: _____ |

3. Please describe the civil rights violation(s). Provide as much information as possible, including: (1) the date(s), (2) location(s), (3) what happened, and (4) contact information for any witnesses. You may include copies of any documents or other materials that you believe are important for your complaint. (DO NOT send originals.)

(attach extra pages if necessary)

4. Do you think other people or groups have experienced the same, or similar, discrimination by the same person or entity?

Yes: No:

If yes, please identify the others and their contact information.

5. Do you have an attorney for the issues you describe in this complaint?

Yes: No:

If yes, provide your attorney's name, address, phone number, and email.

6. Have you filed a lawsuit for the issues you describe in this complaint?

Yes: No:

If yes, provide (1) the case name and number, (2) the court the case was filed in, and (3) the current status of the case.

7. Have you filed a complaint about these issues with any other federal, state, or local government agency?

Yes: No:

If yes, provide (1) the agency, (2) the name and phone number for your contact at the agency, and (3) the status of your complaint at the agency.

8. Did a person, office, or agency, refer you to our office?

Yes: No:

If yes, who referred you?

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 lawsuit or proceeding on your behalf. If you believe your civil rights have been violated and you intend to sue, you should contact a private attorney. The U.S. Attorney's Office represents the interests of the United States and does not act as an attorney for private individuals.

Your name: _____

Date: _____

Submit a copy of this completed complaint form, along with any supporting documents, to:

U.S. Mail:

United States Attorney's Office
Attn: Civil Rights Section, Civil Division
300 North Los Angeles Street, Suite 7516
Los Angeles, California 90012

Fax:

(213) 894-7819
Attn: Civil Rights Section, Civil Division

Email:

USACAC.CV-CivilRights@usdoj.gov