U.S. Department of Justice
United States Attorney's Office
Southern District of Texas
Civil Division – Civil Rights Section

CIVIL RIGHTS COMPLAINT FORM

The United States Attorney's Office, 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 Texas. The Office therefore readily receives information that brings to its attention possible violations of federal civil rights laws. The United States Attorney's Office is primarily a legal office and not an investigative agency. However, the Civil Rights Section of this Office will evaluate your complaint and may refer it to another agency for investigation or other action.

Date: _____

Person Filing Complaint:	**Person or Entity you are Filing a Complaint about:**
_____	_____
Name	**Name**
_____	_____
Address	**Address**
_____	_____
City, State, Zip	**City, State, Zip**
_____	_____
Day Time Phone	**Day Time Phone**
_____	_____
E-mail	**E-mail**

Nature of alleged Civil Rights violation (please check area that applies to your complaint):

☐	Disability Rights or Access	☐	Voting Rights
☐	Educational Opportunities	☐	Religious Land Use
☐	Employment Discrimination	☐	Immigration-Related Employment
☐	Military/Veteran Status Discrimination	☐	Abortion Clinic Access
☐	Housing Discrimination	☐	Credit/Lending Discrimination
☐	Public Accommodation Discrimination	☐	Other:_____

What do you believe is the basis for the Discriminative Act or Discrimination?

Disability	☐	Race	☐	Sex	☐	Color	☐	Religion	☐	Sexual Orientation	☐
National Origin	☐	Other:	☐								

Please clearly describe the civil rights violation that you would like to bring to the attention of the U.S. Attorney's Office, Civil Rights Section. Describe the nature of the incident, the date, where the incident occurred, names of any witnesses and alleged wrongdoers and their contact information. Please also include copies of any supporting documentation (do not send the original documents).

(attach additional page(s) if necessary)

Are you represented by an attorney in this matter? ☐ Yes ☐ No

If yes, please provide your attorney's name, address and phone number:

Have you filed a lawsuit concerning this matter? ☐ Yes ☐ No

If yes, please provide the case name and number, court the case was filed in, and the current status of the case:

Have you filed a complaint concerning this matter with any other federal, state, or government agency? ☐ Yes ☐ No

If yes, please list the agency, complaint number, name of contact person, phone number, and status of complaint:

What office or agency, if any, referred you to our office?

PLEASE UNDERSTAND THAT SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS OR OTHER FILING REQUIREMENTS THAT MIGHT APPLY TO ANY PERSONAL CLAIM YOU MAY HAVE.

FURTHER, BY SUBMITTING THIS CLAIM 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 INTEND TO BRING A LAWSUIT, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.

Signature:_____ Date:_____

Please save this form and e-mail it to:

USATXS.CivilRights@usdoj.gov

You can also Fax or mail the completed complaint form and any supporting documentation to the following address:

Civil Rights Section - Civil Division
United States Attorney's Office, Southern District of Texas
1000 Louisiana, Suite 2300
Houston, Texas 77002
Fax 713.718.3303