

United States Attorney's Office

Southern District of New York Civil Rights Unit

Civil Rights Complaint Form

The Civil Rights Unit of the United States Attorney's Office is charged with enforcing the federal civil rights laws within the Southern District of New York, which includes Bronx, Dutchess, New York, Orange, Putnam, Rockland, Sullivan, and Westchester counties. We therefore welcome information from the public that brings to our attention possible violations of our Nation's civil rights laws.

Person Filing c	complaint:		Person/Entity you are filing complaint about:			
Name			Name of Person or Entity			
Address			Address			
Address (Line 2)			Address (Line 2)			
City, State		ip	City, State	Zip		
County	Phone		County	Phone		
Nature of Alleg	ged Civil Rights Vi	olation:				
[] Disability R	ights	[] Fair I	Housing	[] Voting Rights		
[] Educational Opportunities		[]Law]	[] Law Enforcement Misconduct [] Other:			
[] Employment Discrimination		[] Prison	[] Prisoner/Institutional Rights			
Include as mu		possible, incl	uding the date, p	ou would like to bring to our att blace, nature of incident, and c :		

Do you believe that the violation of civil rights described in this com a policy, pattern, or practice on the part of the person or entity named policy, pattern, or practice in detail and identify others who you believe similar treatment:	l above? If so, please describe the			
Are you represented by an attorney in this matter? [] Yes [] No attorney, address and phone number.	If yes, please provide name of			
Name Pho	Phone			
Address				
Have you filed a lawsuit concerning this matter? [] Yes [] No name, court in which the case was brought, and the status of the case.	If yes, please provide the case			
Have you filed a complaint about this matter with any other federal [] Yes [] No If yes, please list the agency, contact person, please list the agency contact person please				
Although the volume of information we receive from concerned men responding to every complaint we receive, be assured that we will carefully provided us to determine whether a violation of the federal civil rights I whether this Office has enforcement authority with respect to such a vi complaint raises a potential violation of federal civil rights laws that wou Office to investigate and that further information from you is necessary contacted.	y consider the information you have aws may have occurred and, if so, olation. If we determine that your ald be within the jurisdiction of this			
***SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON AN MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OF PROCEEDING ON YOUR BEHALF. IF YOU BELIEVE YOUR CIVIL RIGHTS INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT	COMPLAINT FORM YOU HAVE NOT FICE HAS NOT INITIATED A SUIT OR S HAVE BEEN VIOLATED AND YOU			
Signature:	Date:			

Send this completed complaint form to the following address:

Chief, Civil Rights Unit United States Attorney's Office Southern District of New York 86 Chambers Street, 3rd Floor New York, NY 10007 (212) 637 - 2750 (fax)