

United States Attorney District of Maryland

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 District of Maryland. 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. This Office will determine if your complaint raises a potential violation of federal civil rights laws that would be within the enforcement authority of this Office to investigate, or should be referred to another agency for investigation or other action.

Date	
Person filing complaint:	Person/Entity you are filing complaint about:
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Day Time Phone	Day Time Phone
E-mail	E-mail
Best method and time for contact	Best method and time for contact

Nature of alleged civil rights violation (please check area that applies to your complaint):

Abortion Clinic Access Credit/LendingOpportunities Disability Rights or Access	Housing DiscriminationSexual HarassmentHuman TraffickingVoting RightsLaw Enforcement MisconductOther:
Educational Opportunities	Military/Veteran Status
Employment Discrimination	Prisoner or Institutionalized Person Rights
Familial Status	Religious Land Use

What do you believe was the reason for the discrimination?:

] Disability	[] Familial Status	[] Gender Identify	[] National Origin	[] Race
] Religion	[] Sex	[] Sexual Orientation	Other	

Describe the civil rights violation that you would like to bring to the attention of the U.S. Attorney's Office. Include as much information as possible, including the date, place, nature of incident and contact information for any witnesses (please include copies of supporting documentation, but do not send original documents):

[Attach additional page(s) if necessary]
Are you represented by an attorney in this matter? Yes No If yes, please provide name of attorney, address and phone number:
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 number and status of the complaint:

This Office will carefully consider the information you have provided us. If this Office determines that your complaint raises a potential violation of federal civil rights laws that would be within the enforcement authority of this Office to investigate and/or that further information from you is necessary for any investigation, we will contact you.

PLEASE UNDERSTAND THAT SUBMITTING THIS COMPLAINT FORM HAS NO EFFECT ON ANY STATUTE OFLIMITATIONS OR OTHERFILING REQUIREMENTS THAT MIGHT APPLY TO ANY 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 YOURCIVIL RIGHTS HAVE BEEN VIOLATED, AND INTEND TO BRING A LAWSUIT, YOU SHOULD ALSO CONTACT A PRIVATE ATTORNEY.

Email Form

USAMD.Civilrightscomplaint@usdoj.gov

or print and send completed complaint form and any supporting documentation to:

Civil Rights Complaints, Civil Division United States Attorney's Office, District of Maryland 36 South Charles Street, 4th Floor Baltimore, Maryland 21201