



United States Attorney's Office
Southern District of New York
Civil Rights Unit

Civil Rights Complaint Form

The Civil Rights Units in the Civil and Criminal Divisions of the United States Attorney's Office are 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 federal civil rights laws.

Person filing complaint:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Person/entity you are filing complaint about:

Name of Person or Entity

Address

Address (Line 2)

City, State

Zip

County

Phone

Nature of Alleged Civil Rights Violation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Disability Rights or Access | <input type="checkbox"/> Housing Discrimination | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Educational Opportunities | <input type="checkbox"/> Police/Law Enforcement Misconduct | <input type="checkbox"/> Bias/Hate Crimes |
| <input type="checkbox"/> Employment Discrimination | <input type="checkbox"/> Rights of Prisoners/Institutional Persons | <input type="checkbox"/> Other: |

Please clearly describe the incident you would like to report. Please include as much information as possible, including the date, place, nature of the incident, contact information for any witnesses and copies of any relevant documents or evidence that you have in your possession (do not send originals):

Please continue your response:

Are you represented by an attorney in this matter? ☐ Yes ☐ No If yes, please provide name of attorney, address and phone number.

Name _____ Phone _____

Address _____

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 local agency?
☐ Yes ☐ No If yes, please list the agency, contact person, phone, and status of the complaint.

Although the volume of information we receive from concerned members of the public prevents us from responding to every complaint we receive, be assured that we will carefully consider the information you have provided us to determine whether a violation of the federal civil rights laws may have occurred and, if so, whether this Office has enforcement authority with respect to such a violation. If we determine that your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate and that further information from you is necessary for our investigation, you will be contacted.

***** SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATION THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT FORM 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 YOU INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY. *****

SIGNATURE:

DATE:

Send this completed complaint form to the following address:

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