



**Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice**

**COMPLAINT VERIFICATION INFORMATION**

*The Office for Civil Rights (OCR) enforces federal civil rights laws and other provisions that prohibit discrimination by recipients of federal financial assistance from the Office of Justice Programs, the Office on Violence Against Women, the Office of Community Oriented Policing Services, and other covered entities. Applicable laws may prohibit discrimination based on race, color, national origin, or disability, and in specific instances, age, sex, or religion. Any complaint filed with OCR is evaluated to determine whether the office has jurisdiction (or authority) over the complaint and whether the complaint provides enough information to establish an initial claim of discrimination or retaliation. OCR does not have jurisdiction over complaints about general conditions or misconduct that is not discrimination.*

*OCR is a neutral, fact-finding office and separate from the litigating components of the U.S. Department of Justice's Civil Rights Division. OCR will only investigate complaints when authorized to do so by law and will close any complaints it does not have jurisdiction to investigate (except for when referral to another federal agency or office is appropriate). Complaints of discrimination must ordinarily be filed within 180 days or one year (depending on the type of complaint) of the last act of discrimination. An OCR attorney may contact you about your complaint, but please note that they are not your lawyer and communications with them are not subject to attorney-client privilege. OCR attorneys cannot represent individuals, give legal advice, or file lawsuits or appeals on any individual's behalf. If the allegations in a complaint are already the subject of a lawsuit, OCR will close the complaint or defer any action on it pending resolution of the lawsuit.*

**Note:** You should have received an Identity Release Statement with this form. Please complete and return **both forms**.

**1. Your name:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2. Are you filing this complaint for someone else? Yes: \_\_\_ No: \_\_\_**

**If yes, please provide the name of the individual whose rights you believe were violated?**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**3. Who or what agency or organization discriminated against you?**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Email Address: \_\_\_\_\_

**4. Which of the following describes the nature of the discrimination involved?**

\_\_\_ Race/Color (specify): \_\_\_\_\_

\_\_\_ National Origin (specify): \_\_\_\_\_

\_\_\_ Religion (specify): \_\_\_\_\_

\_\_\_ Age (specify): \_\_\_\_\_

\_\_\_ Disability (specify): \_\_\_\_\_

\_\_\_ Sex (specify): \_\_\_\_\_

**5. Does your claim of discrimination involve:**

a. You using facilities or someone providing services/protection to you (or others)?	<b>OR</b> b. Your job or seeking employment?
If yes, how?	If yes, which of the following apply?
Brutality/Excessive Force	Hiring
Harassment	Work Assignment
Language	Promotion
Applying rules/laws differently	Demotion
Access to buildings/programs	Discipline
Retaliation	Layoff/Recall
Different standards/opportunities/programs	Retaliation
Segregation	Termination
Other (Specify)	Other (Specify)

**6. When did the most recent act of discrimination against you take place?**

*Generally, OCR has authority to examine acts of potential disability discrimination that occurred within 180 days, or in some matters, one year of filing this complaint.*

Beginning: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Ending: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

*Note: If you choose to attach additional pages to fully respond to the questions below, please still provide a short summary in each allotted box below.*

**7. Please explain in detail specifically what happened and how you believe you were discriminated against. Please clearly state who was involved in the alleged incident and provide examples of how persons were treated differently as compared to you. Please be certain your response is clear, detailed, legible and include example and written documents or materials to support your claim(s). If more space is needed, please continue your response on a separate page.**

**8. Please clearly explain why you believe this occurred.**

**9. If this complaint is resolved to your satisfaction, what remedy do you seek? Please be aware that OCR may resolve a complaint in a way that comports with the law but involve your desired remedy.**

**10. Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint. Are there other persons or organizations involved in this discrimination case?**

**If yes, list the names, addresses, and telephone numbers below:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**11. You do not need a lawyer to file a complaint with OCR; however, if you do have a lawyer, OCR is required to communicate directly with your lawyer. If you have a lawyer representing you in this matter, please provide the lawyer's contact information.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**12. Have you filed a case or complaint about the allegation(s) you raise in this complaint with any other agency?**

Name of Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial or Hearing: \_\_\_\_\_

Location of Agency or Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Please return this form and the Identity Release Statement to:

Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice  
999 N. Capitol Street, NE  
Washington, D.C. 20531

Email:  
[askOCR@ojp.usdoj.gov](mailto:askOCR@ojp.usdoj.gov)

Website:  
[www.ojp.usdoj.gov/ocr](http://www.ojp.usdoj.gov/ocr)

Telephone: (202) 307-0690  
TTY: (202) 307-2027  
Fax: 202-354-4380