



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

COMPLAINT VERIFICATION INFORMATION

The Office for Civil Rights of the Office of Justice Programs (OJP) ensures that recipients of federal financial assistance from parts of the U.S. Department of Justice (DOJ) comply with federal laws that prohibit discrimination in employment and the delivery of services or benefits. Applicable laws may prohibit discrimination based on race, color, national origin, or disability, and in specific instances, age, sex (including sexual orientation and gender identity), or religion. Any complaint filed with the 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. The OCR does not have jurisdiction over complaints about general conditions or misconduct that is not discrimination.

The OCR is a neutral, fact-finding office and separate from the litigating components of the DOJ's Civil Rights Division. The 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 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, the OCR will close the complaint or defer any action on it pending the resolution of the lawsuit.

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): _____
- ___ Sexual Orientation (specify): _____
- ___ Gender Identity (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)?	OR 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 discrimination against you take place?

Generally, the 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

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	Telephone Number	Email
------	---------	------------------	-------

11. You do not need a lawyer to file a complaint with the OCR; however, if you do have a lawyer, the 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	Telephone Number	Email
------	---------	------------------	-------

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 also complete and submit the Identity Release
Statement.)

Office for Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th Street NW
Washington, D.C. 20531
Email:
askOCR@ojp.usdoj.gov
Website:
www.ojp.usdoj.gov/ocr
Telephone: (202) 307-0690
TTY: (202) 307-2027
Fax: 202-354-4380