



If you believe you or someone else has experienced a civil rights violation, please tell us what happened. Before starting, you can also read the [instructions for this form](#) (page 8) and what to expect after submission.

*You are not required to provide your name or contact information. If you want to remain anonymous, leave this section blank. If you choose to provide your contact information, we will only use it to respond to your submission.*

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## 1 Contact

First name

Last name

Email

Phone

Mailing address 1

Mailing address 2

City

State

Zip code

Are you now or have ever been an active duty service member?

*If you're reporting on behalf of someone else, please select their status.*

Yes

No



## 2 Primary concern

What is your primary reason for contacting the Civil Rights Division?

Select the **primary reason** that best describes your concern. Each reason lists examples of civil rights violations that may relate to your incident. In another section of this report, you will be able to describe your concern in your own words.

Note: Some primary concerns have follow-up questions. If you select one of these, we ask that you also answer the follow-up question presented below the specific primary reason.

### Workplace discrimination or other employment-related problem

Examples:

- Fired, not hired, or demoted for reasons unrelated to job performance or qualifications
- Retaliated against for reporting discrimination
- Inappropriately asked to provide immigration documentation
- Denied reemployment or fired based on military service
- Denied an accommodation for a disability, including not being allowed to have a service animal **in the workplace**

Was this a public or private employer? \*

- Public employer       Private employer       I'm not sure

How large is this employer?

- Fewer than 15 employees       15 or more employees       I'm not sure

### Housing discrimination or harassment

Examples:

- Denied housing, a permit, or a loan based on personal characteristics like race, sex, and/or having children under 18 years old
- Harassment by a landlord or another tenant, including sexual harassment
- Challenges with terminating a lease due to military status change
- Denied an accommodation for a disability, including not being allowed to have a service or assistance animal **in public housing**

(\* ) **Public employers** include organizations funded by the government like the military, post office, fire department, courthouse, DMV, or public school. This could be at the local or state level. **Private employers** are business or non-profits not funded by the government such as retail stores, banks, or restaurants.



**2 Primary concern, continued**

**Mistreated by police, correctional staff, or inmates** *(Including while in prison)*

Examples:

- Police brutality or use of excessive force, including patterns of police misconduct
- Searched and arrested under false pretenses, including racial or other discriminatory profiling
- Denied rights while arrested or incarcerated
- Denied access to safe living conditions or accommodations for a disability, language barrier, or religious practice while incarcerated

**Did this happen while in custody or incarcerated?**

Yes  No

**Discrimination at a school, educational program or service, or related to receiving education \***

Examples:

- Harassment based on race, sex, national origin, disability, or religion
- Denied admission or segregated in an education program or activity
- Denied educational accommodations for a disability or language barrier

**Did this happen at a public or a private school, educational program or activity?**

Public school or educational program  I'm not sure  
 Private school or educational program

**Voting rights or ability to vote affected**

Examples:

- Obstacles to registering to vote, obtaining or submitting a ballot, having your ballot counted, or entering a polling place to vote
- Denied adequate voting assistance or accommodations for a disability at a polling place
- Restricted or prevented from participating in an election, including voting, becoming a candidate, or being elected for office

*(\*) Includes schools, educational programs, or educational activities, like training programs, sports teams, clubs, or other school-sponsored activities*



**2 Primary concern, continued**

**Discriminated against in a commercial location or public place**

*This could include a store, restaurant, bar, hotel, place of worship, library, medical facility, bank, courthouse, government building, public park or street, as well as online.*

Examples:

- A physical or online location that does not provide disability accommodations
- Denied service or entry because of a perceived personal characteristic like race, sex, or religion
- Denied an accommodation for a disability, including not being allowed to have a service animal in a commercial or public location

**Place of worship or about a place of worship**  
*Church, synagogue, temple, religious community center*

**Commercial or retail building**  
*Store, restaurant, bar, hotel, theater*

**Healthcare facility**  
*Hospital or clinic (including inpatient and outpatient programs), reproductive care clinic, state developmental institution, nursing home*

**Financial institution**  
*Bank, credit union, loan services*

**Public space**  
*Park, sidewalk, street, other public buildings (courthouse, DMV, city library)*

**Other**  
Please describe "Other reason" (in 10 words or fewer)

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**Something else happened**

*The examples above reflect some but not all of the civil rights violations that we address. Select this option if you don't see an example that applies to your situation. You will be able to tell us more later.*



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### ③ Location details

Please tell us the city, state, and name of the location where this incident took place. This ensures your report is reviewed by the right people within the Civil Rights Division.

#### Organization name

Examples: Name of facility, business or location, school, town or city, prison, polling place, website, etc.

#### Street address 1

#### Street address 2

City

State

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### ④ Date

When did this happen?

It is important for us to know how recently this incident happened so we can take the appropriate action. If this happened over a period of time or is still happening, please provide the most recent date.

Date



**5 Personal characteristics**

Do you believe any of these personal characteristics influenced why you were treated this way?

*There are federal and state laws that protect people from discrimination based on their personal characteristics. Here is a list of the most common characteristics that are legally protected. Select any that apply to your incident.*

- Age
- Disability (including temporary or recovered and including HIV and drug addiction)
- Family, marital, or parental status
- Genetic information (including family medical history)
- Immigration/citizenship status (choosing this will not share your status) Language
- National origin (including ancestry and ethnicity)
- Pregnancy
- Race/color
- Religion
- Sex
- Sexual orientation
- None of these apply to me
- Other reason
- Please describe "Other reason" (in 10 words or fewer)



## ⑥ Personal Description

In your own words, describe what happened.

*Please share details like:*

- *Time*
- *Names of people involved including witnesses if there are any*
- *Any supporting materials (please list and describe them)*

*You may attach further details as extra pages, if necessary*



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## Instructions

The purpose of this form is to assist you in filing a report with the Civil Rights Division. You are not required to use this form; a letter with the same information is sufficient, however, please ensure you are including the same information.

**Step 1: You can complete and submit this form.** By completing this form, you can provide the details we need to understand what happened. You can mail a printed copy of this form via postal service to the division or you can email an electronic copy. Once we receive your report, it is immediately sent to our staff for review.

**Step 2: We will review your report.** Teams that specialize in handling your type of issue will review it. If it needs to be forwarded to another team or agency, we will try to connect your complaint to the right group.

**Step 3: We will determine next steps and get back to you.** Possible outcomes include: following up for more information, starting a mediation or investigation, directing you to another organization for further help, or informing you that we cannot help.

### To mail a printed copy of the form:

U.S. Department of Justice  
Civil Rights Division  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530-0001

### To reach us by phone:

(202) 514-3847  
1-855-856-1247 (toll-free)  
Telephone Device for the Deaf  
(TTY) (202) 514-0716

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## Privacy Policy

The purpose of this form is to allow the public to submit civil rights complaints to the Department of Justice, thereby allowing us to enforce over thirty civil rights statutes (<https://civilrights.justice.gov/privacy-policy#our-statutes>) within our authority. These statutes authorize us to collect this information. You should know that any information you provide through this form is voluntary, yet failure to provide some of the information might limit the Department's ability to pursue your claim. We may use this information for certain routine uses, including sharing this information under certain circumstances with:

- contractors who work with us, if they need it to perform a contract;
- a court, magistrate, or administrative tribunal, as well as opposing counsel during settlement negotiations and/or litigation;
- Members of Congress;
- Federal, state, or local law enforcement agencies.

You can find our complete Privacy Policy at <https://civilrights.justice.gov/privacy-policy>.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 minutes per response per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Justice, Civil Rights Division 950 Pennsylvania Avenue, NW., Washington, D.C. 20530-0001.