

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 <u>instructions for this form</u> (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.

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

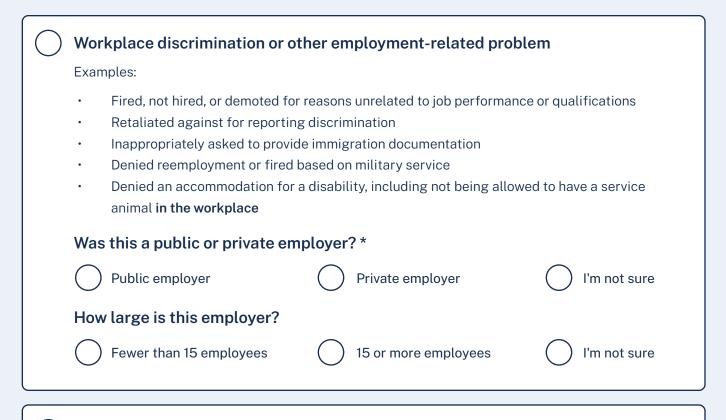


2 Primary concern

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.



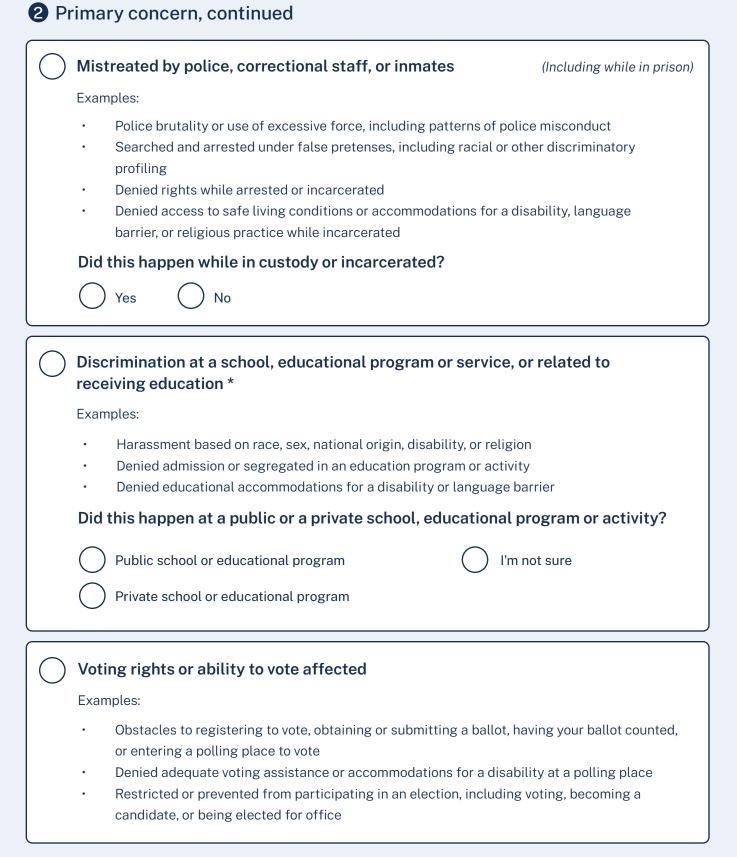
Housing discrimination or harassment

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.





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



2 Primary concern, continued

\bigcirc	Discri	minated against in a commercial location or public place	
		uld include a store, restaurant, bar, hotel, place of worship, library, medical facility, bank, puse, government building, public park or street, as well as online.	
	Examples:		
	• [r • [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	
	\smile	Place of worship or about a place of worship Church, synagogue, temple, religious community center	
	\smile	Commercial or retail building Store, restaurant, bar, hotel, theater	
	\smile $_{\scriptscriptstyle F}$	Healthcare facility Hospital or clinic (including inpatient and outpatient programs), reproductive care clinic, State developmental institution, nursing home	
	\bigcirc	Financial institution Bank, credit union, loan services	
	\bigcirc	Public space Park, sidewalk, street, other public buildings (courthouse, DMV, city library)	
	\bigcirc	Other	
	-	Please describe "Other reason" (in 10 words or fewer)	

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.



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, schoo	ol, town or city, prison, poll	ing place, website, etc.
Street address 1		
Street address 2		
City	State	

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
Gender identity (including gender stereotypes)
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)





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)



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 email an electronic copy of the form: Ask.CRT@usdoj.gov

To reach us by phone: (202) 514-3847 1-855-856-1247 (toll-free) Telephone Device for the Deaf (TTY) (202) 514-0716

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 (<u>https://civilrights.justice.gov/privacy-policy#our-statutes</u>) 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.