



**U.S. Department of Justice  
Civil Rights Division  
Immigrant and Employee Rights Section (IER)**

OMB Number 1190-0018  
Revised date: 01/XX/17  
**IER Charge Form**

U.S. immigration law prohibits discrimination on the basis of **citizenship status** with respect to the hiring, firing, or recruitment of permanent residents who do not apply for naturalization within six months of eligibility). It also prohibits discrimination on the basis of national origin for individuals who are lawfully authorized to work in the United States. The law also prohibits **document abuse**: when an individual, business, or organization is prevented from completing the Form I-9 because of an individual's citizenship status or national origin. The law also prohibits **retaliation** against individuals who file a charge conducted by this office.

**Section II - Injured Party - Contact Information**

Name and Address of the **Injured Party** (the person who claims to have been the victim of discrimination or retaliation):  Male  Female

Full Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you like us to communicate with the Injured Party in another language?  Yes  No

Specify language: \_\_\_\_\_

What are the best times to contact the Injured Party by telephone (if not represented)? \_\_\_\_\_

**Section 2: Injured Party's Citizenship or Immigration Status Information**

Please provide Injured Party's **citizenship** or **immigration status** or **work authorization type**:

- Citizen
- National of the United States
- Lawful Permanent Resident: **Date residency granted:** (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Has the  
**Date of Application:** (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_
- Asylee
- Refugee
- Temporary Resident admitted under § 1160(a) or § 1255(a) (certain individuals eligible to have their status adjusted based on amendments to the INA in the 1980's)
- None of the above, but is authorized to work: **Expiration date:** (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Please specify:

- H-1  H-2  F-1/OPT  J-1  B-1  Asylee Applicant
- Freely Associated States (FAS)  Temporary Protected Status (TPS) (Country): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Alien #/USCIS # (for all non-citizens):** \_\_\_\_\_ **Admission # (if no alien #):** \_\_\_\_\_

What is the Injured Party's country of birth? \_\_\_\_\_

What is the Injured Party's national origin (ancestry)? \_\_\_\_\_

What is the Injured Party's date of birth? (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

- Unfair Documentary Practices** (The individual, business or organization refused to accept a valid document, specified the documentation the Injured Party could show, or demanded more or different documents than are required for completing the Employment Eligibility Verification (Form I-9 or E-Verify) because of the Injured Party's citizenship status or national origin.)

**Section 5: Employer Information**

Who committed the alleged discriminatory act?

Company (Employer) name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

If you know, does the Company operate under any other names?  Yes  No

If yes, under what other name(s)? \_\_\_\_\_

Number of Employees the Company or Employer employs:

Fewer than 4  4-14  15 or more  Don't know/Unable to estimate

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**Section 7: Charges Filed with Other Federal or State Agencies Based on the Same Facts**

Has a charge based on this set of facts been filed with any federal, state, or local governmental agency?  No  Yes

If yes: Full Agency Name: \_\_\_\_\_

Agency Street or mailing address: \_\_\_\_\_

Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Filed: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

File No. (if known): \_\_\_\_\_ Investigator name (if known): \_\_\_\_\_

**Is the Charging Party the same as the Injured Party?**  Yes, the same. If yes, skip to #9.  No

If no, are you (check one):  Male  Female

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Street or mailing address: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

What are the best times to contact the Charging Party? \_\_\_\_\_

**Section 10: Affirmation and Signature of Charging Party**

**If this charge is being filed by the INJURED PARTY:**

If this charge is being filed by the Injured Party:

As a person alleging that I have been injured by an unfair immigration-related employment practice, I understand that IER may file my charge, or in limited circumstances in response to inquiries under the Freedom of Information Act. I give my consent. I affirm

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Injured Party)

I affirm that, to the best of my knowledge, the information provided on this form is true and that I am authorized to file this charge at a hearing or other proceeding as a result of this charge, or in limited circumstances in response to inquiries under the Freedom of Information Act.

Print Representative Name: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Authorized Representative)

- American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander  
 Two or more races

**PRIVACY ACT STATEMENT**

The authority for requesting this information from the Injured or Charging Party is contained in 8 U.S.C. § 1324b. The information that the Injured or Charging Party provides will be used principally for investigating and processing the charge of prohibited discrimination; however, the information may also be used for other legitimate purposes, as detailed in the Department of Justice's Federal Register Notice published in the Federal Register at 68 Fed. Reg. 47611 (August 11, 2003) describing the routine uses of the information obtained by the Civil Rights Division. The Injured or Charging Party's failure to provide the information requested on this form could lead to the charge being dismissed or not being accepted. Knowingly making false statements on this form is punishable under 18 U.S.C. § 1001.

## **Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is necessary to enable the Department to process and investigate individual charges of discrimination in violation of 8 U.S.C. § 1324b as required by statutory mandate. The use of this collection instrument will facilitate this process by assisting charging parties to identify and provide the information necessary to initiate an investigation.

The estimated average burden associated with this collection is 30 minutes per charging party or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to IER's Special Policy Counsel, USDOJ-CRT-IER, 950 Pennsylvania Avenue, NW-NYA, Washington, DC 20530.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.