



**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 or referral for a fee of protected individuals: citizens, nationals of the United States, permanent residents, temporary residents, refugees, and asylees (excluding lawful permanent residents who do not apply for naturalization within six months of eligibility). It also prohibits discrimination on the basis of **national origin** (against employers with four to fourteen employees) with respect to the hiring, firing, or recruitment or referral for a fee of all individuals who are lawfully authorized to work in the United States. The law also prohibits unfair **documentary practices**: when an individual, business, or organization refuses to accept a valid document, specifies the documentation an individual can provide or demands more or different documents than are required for completing the Form I-9 because of an individual's citizenship status or national origin. The law also prohibits **retaliation** against individuals for asserting their rights protected under the anti-discrimination provision of the immigration law, or for having participated or assisted in an investigation conducted by this office.

Charge Form Instructions:

Who can file a charge: Anyone who alleges he or she is a victim of discrimination or an authorized person on behalf of the victim. **This charge form must be mailed to the address below or faxed to (202) 616-5509 or e-mailed to IER@usdoj.gov within 180 days of the alleged date of discrimination.** This form should be completed by typing or by legibly printing the information requested, in any language. If a question is not applicable, it should be left blank.

**U.S. Department of Justice
Civil Rights Division
Immigrant and Employee Rights Section - NYA
950 Pennsylvania Avenue, NW
Washington, DC 20530**

Questions concerning this charge form can be directed to IER by telephone at (202) 616-5594 or 1-800-255-7688 (toll free), TTY (202) 616-5525 or TTY 1-800-237-2515 (toll free).

Section 1: 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)? _____



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