

## Unfair Immigration-Related Employment Practices Complaint Form

### FORM INSTRUCTIONS

Please read all of the directions carefully. **Before you file a complaint with our office, you must have first:**

- 1) Filed a charge with the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), **and**
- 2) Received a letter from OSC telling you that you may now file your own complaint with the Office of the Chief Administrative Hearing Officer (OCAHO). Please note that your complaint must be filed with OCAHO within ninety (90) days of receiving the letter from OSC.

If you need more space to respond to a question, you may attach additional sheets. Please indicate clearly which question(s) you are responding to on any additional sheets and number each additional sheet.

If you complete this form by hand, please write using only blue or black ink.

When you have completed the complaint, please return it, and the required documents below, to:

United States Department of Justice  
Executive Office for Immigration Review  
Office of the Chief Administrative Hearing Officer  
5107 Leesburg Pike, Suite 2519  
Falls Church, VA 22041

### CONTACT INFORMATION

If you have any questions about this form, call OCAHO at 703-305-0864 (Mon.-Fri. 7:00am-4:00pm).

If you need to contact OSC, call the OSC Worker Hotline at 1-800-255-7688 (toll free) or 1-800-237-2515 (TDD device for the hearing impaired), or write to:

U.S. Department of Justice  
Civil Rights Division  
Office of Special Counsel for Immigration-Related Unfair Employment Practices  
950 Pennsylvania Avenue, N.W.  
NYA 9000  
Washington, DC 20530

For questions about Title VII of the Civil Rights Act of 1964, please contact the Equal Employment Opportunity Commission by calling 1-800-669-4000 (toll free) or 1-800-669-6820 (TDD device for the hearing impaired).

**REQUIRED DOCUMENTS (You *must* include the following in the packet you mail to OCAHO):**

- 1) **Original** complaint and **four** additional copies of your completed complaint, **each** with an **original** signature; *and*
- 2) **Five** copies of the charge document (and any attachments to the charge) you filed with OSC; *and*
- 3) **Five** copies of the letter you received from OSC telling you that you may now file your own complaint with OCAHO.

**Section 1: General Information**

- 1) When did you file a charge with OSC? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- 2) When did you receive a letter from OSC telling you that you could now file your own complaint with OCAHO? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
- 3) Please provide your name and contact information:  Male  Female (circle one)

\_\_\_\_\_  
Full name (First Name) (Middle Name) (Last Name)

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Cell Number Email Address Fax Number

**Section 2: Representation**

Do you have an attorney or other authorized representative in this matter? \_\_\_\_\_ YES or \_\_\_\_\_ NO  
If YES, please provide the following information:

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Email Address Fax Number

**Section 3: Citizenship or Immigration Status Information**

Please check your citizenship or immigration status:

- United States Citizen or National **or**
- Alien Lawfully Admitted for Permanent Residence (“Green Card” Holder) **or**
- Alien authorized to work in the United States **or**
- Alien who is not work authorized now, but who was authorized to work in the United States at the time of the alleged discrimination

**If you are a United States Citizen, go to Section 4. If you are not a United States Citizen, please complete this section.**

- 1) Where were you born (country)? \_\_\_\_\_
- 2) What country are you a citizen of? \_\_\_\_\_
- 3) If eligible to apply for naturalization, when did you become eligible to apply for naturalization? (If not yet eligible, leave this answer blank and go to question 5 below.)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year
- 4) Have you applied for naturalization? \_\_\_\_ YES or \_\_\_\_ NO
  - a) If YES, when did you apply? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year
- 5) If you are a permanent resident (i.e., “Green Card” holder), when did you obtain your permanent resident status?  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year
- 6) If you are otherwise authorized to work in the United States, what is your citizenship status or visa type (e.g., asylee, refugee, Temporary Protected Status, H-1B, L-1, F-1, J-1, etc.)?  
\_\_\_\_\_
- 7) What type of work authorization document did/do you possess?  
\_\_\_\_\_
- 8) For what time period are/were you authorized to work in the United States? (If there are/were breaks in your work authorization, please attach a sheet listing all the time periods you were authorized to work in the United States.)  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year To: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

**Section 4: Basis of Discrimination**

1) Were you discriminated against because of your national origin (e.g., where you were born, foreign language/accent, appearance and/or ancestry, etc.)? \_\_\_\_\_ YES or \_\_\_\_\_ NO

2) Were you discriminated against because of your citizenship status (e.g., either because you were or were not a U.S. citizen)? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**Section 5: Business/Employer Information**

Please provide the name and contact information for the Business/Employer who allegedly discriminated against you:

\_\_\_\_\_

Business/Employer Name

\_\_\_\_\_

Other names the Business/Employer operates under

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Fax

If you worked at a different location than the Business/Employer address entered above, please identify the workplace address of the Business/Employer where you worked:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Fax

Where did the alleged discrimination take place? \_\_\_\_\_

City State

**Section 6: Business/Employer Representation**

If the Business/Employer has an attorney or other representative in this matter, please provide that information, if known:

\_\_\_\_\_  
Name of Business/Employer Attorney or Representative

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Section 7: Knowingly and Intentionally Not Hired, 8 U.S.C. § 1324b(a)(1)**

1) Were you *knowingly and intentionally* not hired? \_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered **NO** to question (1), **go to Section 8.**

If you answered **YES** to question (1), **complete the rest of this section.**

2) When did you apply for work at the Business/Employer? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3) Please describe the job title and duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Were you qualified for the job? \_\_\_\_\_ YES or \_\_\_\_\_ NO

5) Was the Business/Employer looking for workers? \_\_\_\_\_ YES or \_\_\_\_\_ NO

6) Why did the Business/Employer not hire you? (**CHECK AS MANY AS APPLY**)

- Citizenship status **or**  
 National origin

**Section 7: Knowingly and Intentionally Not Hired, 8 U.S.C. § 1324b(a)(1) Continued**

7) Please list any other reason(s), if any, why you were not hired:

---

---

---

---

8) Did the job remain open and the Business/Employer continue taking applications from other people after you were not hired? \_\_\_\_\_ YES or \_\_\_\_\_ NO

9) Was someone else hired for the job? \_\_\_\_\_ YES or \_\_\_\_\_ NO

10) If you answered YES to question (9) above, to the extent you know, who was hired and why?

---

---

---

11) Do you want to be hired by the Business/Employer? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**NOTE: Your answer to question (11) will *not* affect your right to continue with your complaint.**

**Section 8: Knowingly and Intentionally Fired, 8 U.S.C. § 1324b(a)(1)**

1) Were you *knowingly and intentionally* fired? \_\_\_\_\_ YES or \_\_\_\_\_ NO

If you answered **NO** to question (1), **go to Section 9.**

If you answered **YES** to question (1), **complete the rest of this section.**

2) When were you fired? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3) Why were you fired? (**CHECK AS MANY AS APPLY**)

Citizenship status **or**

National origin

4) Please list any other reason(s), if any, why you were fired:

---

---

---

---

5) Were you fired even though you were qualified for the job? \_\_\_\_\_ YES or \_\_\_\_\_ NO

6) Did other workers with different nationalities or citizenship who were in your (or similar) position continue working at the Business/Employer? \_\_\_\_\_ YES or \_\_\_\_\_ NO

7) Do you want to be rehired by the Business/Employer? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**NOTE: The answer to question (7) will *not* affect your right to continue with your complaint.**



**Section 9: Intimidated, Threatened, Coerced or Retaliated Against, 8 U.S.C. § 1324b(a)(5)**

- 1) Were you intimidated, threatened, coerced, or retaliated against because you filed or planned to file a complaint? \_\_\_\_\_ YES or \_\_\_\_\_ NO
- 2) Were you intimidated, threatened, coerced, or retaliated against to keep you from helping someone else who filed or planned to file a complaint? \_\_\_\_\_ YES or \_\_\_\_\_ NO
- 3) Were you intimidated, threatened, coerced, or retaliated against to keep you from testifying, assisting, or participating in any manner in an investigation, proceeding, or hearing? \_\_\_\_\_ YES or \_\_\_\_\_ NO
- 4) Were you intimidated, threatened, coerced, or retaliated against because you otherwise asserted your legal rights against unfair immigration-related employment practices? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**If you answered NO to questions (1), (2), (3) and (4), go to Section 10. If you answered YES to any of the above questions (1), (2), (3), or (4), please complete this section.**

- 5) Please explain in detail what happened and how you were intimidated, threatened, coerced, or retaliated against and why (if more space is needed, you may attach a separate sheet(s) explaining what happened. Please print or type. Please number any additional sheets).

---

---

---

---

---

---

---

---

**Section 10: Documentation Practices, 8 U.S.C. § 1324b(a)(6)**

- 1) Did the Business/Employer reject or refuse to accept the documents you presented to prove your identity and/or show that you can work in the United States? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**If you answered NO to question (1), go to question (3).**

- 2) Please list the documents that the Business/Employer rejected or refused to accept and, to the extent you know, state why:

---

---

---

- 3) Did the Business/Employer ask you for more or different documents than required for the employment eligibility verification process (or the Form I-9) to show you are eligible to work in the United States? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**If you answered NO to question (3), go to Section 11.**

- 4) If so, please list the documents that the Business/Employer requested:

---

---

---

- 5) Did the Business/Employer reject or refuse to accept any valid and acceptable identity and/or employment authorization documents that you tried to show for employment eligibility verification (Form I-9) purposes? \_\_\_\_\_ YES or \_\_\_\_\_ NO

- 6) If so, please list the documents that the Business/Employer rejected or refused to accept (and, to the extent you know, please include the reason the employer gave for rejecting or refusing to accept the document(s)):

---

---

---

**Section 11: Relief Requested, 8 U.S.C. § 1324b(g)(2)(B)**

The remedies listed below may be available to you. Please check **YES** or **NO** for EACH question.

1) Are you seeking back pay (wages you lost because of the Business'/Employer's alleged actions)?

\_\_\_\_\_ YES or \_\_\_\_\_ NO

a) If YES, from what date are you seeking back pay? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

2) Do you want to be rehired? \_\_\_\_\_ YES or \_\_\_\_\_ NO

3) Is there a false performance review or false warning document you would like removed from your personnel file? \_\_\_\_\_ YES or \_\_\_\_\_ NO

4) Are there restrictions on and/or changes to your work assignments, work shifts, or movements that you would like removed? \_\_\_\_\_ YES or \_\_\_\_\_ NO

**Section 12: Declaration and Signature**

**YOU MUST SIGN AND DATE THE COMPLAINT BELOW.**

I declare under penalty of perjury that the foregoing information provided on this form is true and correct. I respectfully request that OCAHO serve the Complaint and Notice of the Case Assignment on the Respondent and assign an Administrative Judge (ALJ) to consider the complaint and to preside at a proceeding as soon as practicable, and that the ALJ grant the relief available to me under the law, as specified in section 68.52 of Title 28 of the Code of Federal Regulations.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**REMEMBER, you must send:**

- Original** complaint and **four** additional copies of your completed complaint, **each** with an **original** signature; **and**
- Five** copies of the charge document (and any attachments to the charge) you filed with OSC; **and**
- Five** copies of the letter you received from OSC informing you that you may now file your own complaint with OCAHO.

**PLEASE RETURN TO:**

United States Department of Justice  
Executive Office for Immigration Review  
Office of the Chief Administrative Hearing Officer  
5107 Leesburg Pike, Suite 2519  
Falls Church, VA 22041

**Privacy Act Statement**

The authority for requesting this information from the individual or entity is contained in 8 U.S.C. § 1324b and 28 C.F.R. part 68 (Rules of Practice and Procedure for Administrative Hearings Before Administrative Law Judges in Cases Involving Allegations of Unlawful Employment of Aliens, Unfair Immigration-Related Employment Practices, and Document Fraud). The information that the individual or entity provides on this form will be used to initiate and conduct a case before the Office of the Chief Administrative Hearing Officer under 8 U.S.C. § 1324b. The use of this form is optional. An individual or entity may elect to provide the information requested herein in an alternative format that complies with the requirements of 28 C.F.R. part 68.

**Paperwork Reduction Act Notice**

The information requested in this form is sought in accordance with the Paperwork Reduction Act of 1995. The information collected is necessary to enable the Department of Justice to process and adjudicate complaints of discrimination under 8 U.S.C. § 1324b, as required by statute. The use of this complaint form (collection instrument) will facilitate this process by assisting complainants to provide the information necessary to initiate a proceeding.

The estimated average time burden associated with this collection is 30 minutes per complainant or his/her representative, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia, 22041.

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.