

DEPARTMENT OF HOMELAND SECURITY
CIVIL RIGHTS COMPLAINT

The purpose of this document is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This document is not intended to be used for complaints about employment with DHS. You are not required to use this document to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in this document. In general, providing as much information as possible to CRCL assists with investigating your allegations. However, none of the fields on the form is required, and CRCL will review whatever information you provide.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department of Homeland Security as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this document, or write us an email or letter.

This document is available in other languages at www.dhs.gov/file-civil-rights-complaint. Complaints are accepted in languages other than English. If you do not speak or write English, CRCL has access to interpreters and translators and can communicate with you in any language.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin, religion, sex, sexual orientation, gender identity, or disability?
(Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/filing-equal-employment-opportunity-eeo-complaint)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements or immigration status-related confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity, including discrimination by an organization or program that receives financial assistance from DHS?

Notes on Confidentiality and Anonymity:

- A)** You may remain anonymous by not filling in your name below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
 - B)** Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. **IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct).** Note, however, that checking this box will in many situations make it very difficult or impossible for us to investigate the allegations you raise.
- I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.

Note Prohibition Against Retaliation:

Federal law forbids retaliation or reprisal by any Federal employee against a person who makes a complaint or discloses information to CRCL. If you believe that you or someone else is a victim of such a reprisal, please contact CRCL immediately by email at CRCLCompliance@hq.dhs.gov or by phone at 866-644-8369, 866-644-8361 (TTY).

COMPLAINT INFORMATION

1. Information about the person who experienced the alleged civil rights/civil liberties violation (Fill in what you can)

Name: _____
First and Middle (Given Names) Last (Family Name/Surname)

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Mailing Address: _____
PO Box or Street address City State Zip

Country (if outside the United States of America) _____

Date of Birth (month/day/year): _____ Email: _____

Alien Registration # (if you have one and it's available): _____

Check here if you are in detention now.
Which detention facility? _____
Facility name Facility address

Check here if you are represented by an attorney for the issues described in this complaint. If so, please provide the attorney's name and contact information:

2. Are you filling in this complaint form on behalf of another person?

If yes, please provide *your* information below, and provide *their* information above. (Please note that you must submit written consent signed by the person who experienced the alleged civil rights or civil liberties violation to allow CRCL to release information to you.)

Name: _____
First and Middle (Given Names) Last (Family Name/Surname)

Job Title (if any): _____

Organization (if any): _____

Phone #: Cell/Mobile: _____ Home: _____ Work: _____

Email: _____

Mailing Address: _____
PO Box or Street address City State Zip

Country (if outside the United States of America) _____

3. What happened? (Describe your complaint. Give as much detail as possible.)

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began. (If it happened on more than one date, list all dates):

Where did this happen?

Place (for example, name the detention facility, airport, or other location): _____

City: _____ State or Country: _____

4. Who is this about?

An employee, contractor, officer or program of (check as many as apply):

- | | |
|--|--|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS) | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority of DHS (e.g., 287(g) officer) (specify): _____ |
| <input type="checkbox"/> Customs Officer | |
| <input type="checkbox"/> Border Patrol Agent | |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE) | |
| <input type="checkbox"/> Secret Service (USSS) | |
| <input type="checkbox"/> Transportation Security Administration (TSA)* | |
| <input type="checkbox"/> U.S. Coast Guard (USCG) | |

*If your complaint is about a screening incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (DHS TRIP). Go to: www.dhs.gov/trip.

5. List anyone else who may have seen or heard what happened.

(If you do not know their name(s), provide whatever details you can.)

Name (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State Zip

Phone #: _____ Email: _____

Name (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State Zip

Phone #: _____ Email: _____

Continue on an additional page, if needed.

6. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

Yes: Agency/Office/Court: _____ Date: _____

No

If so, has anyone responded to your complaint? Yes No

(If **Yes**, describe what has been done to respond to your complaint.)

7. Is there any other information you want us to know or consider?
(If needed, continue on an additional page provided at the end of this form.)

Empty text area for providing additional information.

Continue on an additional page, if needed.

8. If you are not proficient in English, please identify the language we should use to communicate with you.

Language: _____

9. If you have problems understanding this form or any other question, contact CRCL:

Email: CRCLCompliance@hq.dhs.gov

Phone: Local: 202-401-1474, or
Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470, or
Toll Free TTY: 866-644-8361

Fax: 202-401-4708

U.S. Postal Service:

Department of Homeland Security
Office for Civil Rights and Civil Liberties
Compliance Branch, Mail Stop #01902707

Martin Luther King Jr Ave SE
Washington, DC 20528-0190

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

10. To submit this form by email, please save, attach, and send to CRCLCompliance@hq.dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to CRCLCompliance@hq.dhs.gov, or mail to the address listed above.)

Date this form was completed: _____

Keep a copy of this complaint for your records.

Privacy Act Statement

Authority: 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use this information to review and investigate complaints and information from the public about possible violations of civil rights and/or civil liberties relating to DHS employees, programs, or activities.

Routine Uses: This information may be disclosed to and used by personnel and contractors within DHS who have a need to know the information in order to review your complaint. The DHS Office for Civil Rights and Civil Liberties (CRCL) may also share your information as necessary with appropriate government agencies outside of DHS or with non-government entities to address your complaint, or pursuant to its published Department of Homeland Security/ALL-029 Civil Rights and Civil Liberties Records System of Records.

Disclosure: Furnishing this information to CRCL is voluntary; however, failure to furnish the requested information may delay or prevent CRCL from adequately reviewing and investigating your complaint. If necessary, CRCL may also request additional information from you in order to determine the appropriate manner to address your concerns.

To learn more about the Privacy Act, go to www.dhs.gov/privacy.

Paperwork Reduction Act

The public reporting burden to complete this information collection is estimated at 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. 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 and expiration date. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the DHS Office for Civil Rights and Civil Liberties, CRCLCompliance@hq.dhs.gov, ATTN: PRA 1601-NEW.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.