



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

OMB Number 1190-0018  
Revised date: X/XX/19  
**IER Charge Form**

U.S. immigration law prohibits certain types of employment discrimination and retaliation, including: (1) **citizenship status** discrimination with respect to the hiring, firing, or recruitment or referral for a fee of protected individuals: citizens, recent lawful permanent residents, U.S. nationals, temporary residents, refugees, and asylees (excluding lawful permanent residents who do not apply for naturalization within six months of eligibility); (2) **national origin** discrimination (involving employers with four to fourteen employees) with respect to the hiring, firing, or recruitment or referral for a fee of all individuals authorized to work in the United States; (3) **unfair documentary practices**, which occur when an individual, business, or organization refuses to accept a valid document, requests specific documentation, 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; and (4) **retaliation** against individuals for asserting 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 retaliation, 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 emailed to [IER@usdoj.gov](mailto:IER@usdoj.gov) within 180 days of the alleged date of discrimination.** Please complete this form by typing or by legibly printing the information requested, in any language. If a question does not apply to you, leave it blank.

**U.S. Department of Justice  
Civil Rights Division  
Immigrant and Employee Rights Section – 4CON  
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):

How would you like to be addressed:     Ms.         Mr.         Other \_\_\_\_\_

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:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Has the Injured Party applied for naturalization?  No  Yes  
**Date of Application:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (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 1980s)  
 None of the above, but is authorized to work: **Expiration date** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

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

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

**Section 3: Injured Party's National Origin and Other Personal Information**

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? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Section 4: Type of Discrimination Alleged**

What type of discrimination is being alleged? Check all that apply:

**Citizenship Status Discrimination** (The Injured Party was discriminated against with respect to hiring, firing, or recruitment or referral for a fee because the Injured Party is, or is not, a U.S. citizen, or based on the Injured Party's immigration status.)

**National Origin Discrimination** (The Injured Party was discriminated against with respect to hiring, firing, or recruitment or referral for a fee because the Injured Party is from a particular country or part of the world, because of the Injured Party's ethnicity or accent, because of limited English ability, or because of some other national origin indicator.)

**Unfair Documentary Practices** (The individual, business or organization refused to accept a valid document, requested specific documentation from the Injured Party, 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.)

**Retaliation for Asserting Rights Protected under 8 U.S.C. § 1324b** (The Injured Party filed a charge of discrimination, complained about discrimination, participated in the investigation or case of another individual's discrimination claim, or otherwise asserted a right under the anti-discrimination provision, and, as a result, the Injured

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what other name(s)? _____ Total number of employees the Company or Employer employs in all locations <input type="checkbox"/> Fewer than 4 <input type="checkbox"/> 4-14 <input type="checkbox"/> 15 or more <input type="checkbox"/> Don't know/Unable to estimate
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**Section 6: Date and Place the Discrimination Occurred and the Specifics of the Discrimination Alleged**

When did the discrimination occur? Month _____ Day _____ Year _____ Where did the discrimination occur? Place: _____ City: _____ State: _____ Explain in detail what happened when the Injured Party was discriminated against. Include whether the Injured Party was fired, laid-off, not hired, delayed in starting work, asked for additional documents, retaliated against, or other, and describe what happened in detail. (Attach additional sheets if needed. If the Injured Party has any documents to support the claim, you may attach them. Please only send copies of documents, not originals.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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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 \_\_\_\_\_

**Section 8: Charging Party Contact Information (The Charging Party is the person who is filing this form. Most times the Charging Party is the same as the Injured Party, but there are times when they are different, such as when someone files this form on behalf of an Injured Party)**

Date Filed Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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: How would you like to be addressed:  Ms.  Mr.  Other \_\_\_\_\_

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

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

Street or Mailing Address \_\_\_\_\_

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

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

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 on behalf of the Injured Party. I understand that IER may find it necessary to reveal my identity and/or the Injured Party's identity during the conduct of the investigation of this charge, during 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. I give my consent to such disclosure.

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

Print Representative Name: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Authorized Representative)

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.

**The Injured Party is: (check all that apply):**

Hispanic or Latino  Asian  Black or African American  White  American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander  Two or more races

### **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 - 4CON, 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.