

Draft IDCMS Portal Screenshots

Instructions

DHS Form 405, Case Intake Form

OMB Control Number: 1601-0030
Expiration Date: 4/30/2025

The Office of the Immigration Detention Ombudsman (OIDO) reviews cases submitted by, or on behalf of, individuals affected by misconduct, excessive force, or violations of law, rights, policy, or standards in immigration detention settings by the U.S. Department of Homeland Security (DHS). It is an independent office within DHS and is not part of U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP). Please note that OIDO cannot provide legal advice.

OIDO is an independent office within DHS and is not part of U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP). Please note that OIDO cannot provide legal advice.

↑ PURPOSE OF THIS FORM

To receive assistance regarding a concern related to conditions of immigration detention or an incident that occurred while in immigration detention, please submit this form. OIDO will examine the your submission and, upon verification, seek to resolve the matter and provide assistance or redress as appropriate.

The incident for which this form is being submitted must be related to an allegation of:

- Misconduct.
- Excessive force.
- Violation of an individual detainee's rights, and/or
- Violations of law, standards of professional conduct, contract terms, or policy related to conditions of immigration detention.

AND

The alleged misconduct or violation(s) must have been committed by:

- DHS (CBP or ICE) officers or employees, including contracted, subcontracted, or cooperating personnel or a contract service provider.

OIDO does not review or adjudicate requests to reconsider the determination to detain an individual, the reasons for such immigration detention, the denial of a request for release from immigration detention (including parole or bond), or the standards for considering requests for release.

If your situation does not meet these criteria, or to view a list of other DHS avenues for providing feedback or filing a complaint, visit <https://www.dhs.gov/how-do-i/provide-feedback-dhs>.

↑ WHO SHOULD SUBMIT THIS FORM?

- A current or former detainee who is seeking assistance regarding a concern related to conditions of immigration detention or an incident that occurred, or is occurring, while in DHS custody.
- An individual submitting this form on behalf of a current or former detainee, as his or her representative, who has a concern related to conditions of immigration detention or to whom an incident occurred, or is occurring, while in DHS custody. This includes, but is not limited to, an acquaintance, family member or attorney/accredited representative.
- An individual submitting the form anonymously.

DHS employees who wish to file complaints related to allegations of misconduct should do so with the DHS Office of Inspector General (OIG) and/or the DHS Office of Special Counsel. If a DHS employee submits an allegation to OIDO, the matter will be referred to OIG. DHS employees are reminded that it is unlawful for agencies to take, or threaten to take, a personnel action against an employee because she/he disclosed wrongdoing. DHS employees may contact the DHS Whistleblower Protection Coordinator at Whistleblowerprotectioncoordinator@oig.dhs.gov for questions regarding protected disclosures or information regarding rights and remedies of whistleblowers.

↑ GENERAL INSTRUCTIONS FOR THIS FORM

- There is no fee for submitting a request to OIDO.
- Fields with a red * indicate that they are required information.
- For questions that do not apply, please leave blank.
- Please attach copies of any documents or information that will help OIDO review the case.
- A properly completed form ensures that OIDO receives the necessary information to assist with your concern. If you do not use the form, or do not complete all fields, OIDO may encounter processing delays or be unable to assist with your case.
- You will need to have the following information available in order to complete this form, if applicable: (1) The A-Number and biographical information of the detainee this is being filed by/on behalf of; (2) All information related to the incident that is being reported including the date, location, and description (3) If you are filing on behalf of a detainee, a notice of written consent allowing release of information to you; and (4) Other information or documentation that is important to the case.
- While there is no time limit to complete this form, this form cannot be saved. Your session will time out after 20 minutes of inactivity.

Next

↑ LEGAL NOTICES

Penalties for Submitting Incorrect Information

Whoever willfully and knowingly falsifies a material fact, makes a false statement, or makes use of false documents will be fined up to \$10,000, imprisoned for up to five (5) years, or both, 18 U.S.C. §1001. Requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. §552a(i)(3) by a fine of not more than \$5,000.

Authority for Collecting Information

The functions of the Office of the Immigration Detention Ombudsman are to:

1. Establish and administer an independent, neutral, and confidential process to receive, investigate, resolve, and provide redress, including referral for investigation to the Office of Inspector General, referral to U.S. Citizenship and Immigration Services for immigration relief, or any other action determined appropriate, for cases in which Department of Homeland Security (DHS) officers or other personnel, or contracted, subcontracted, or cooperating entity personnel, are found to have engaged in misconduct or violated the rights of individuals in immigration detention;
2. Establish an accessible and standardized process regarding complaints against any officer or employee of U.S. Customs and Border Protection or U.S. Immigration and Customs Enforcement, or any contracted, subcontracted, or cooperating entity personnel, for violations of law, standards of professional conduct, contract terms, or policy related to immigration detention;
3. Conduct unannounced inspections of detention facilities holding individuals in federal immigration custody, including those owned or operated by units of State or local government and privately-owned or operated facilities;
4. Review, examine, and make recommendations to address concerns or violations of contract terms identified in reviews, audits, investigations, or detainee interviews regarding immigration detention facilities and services;
5. Provide assistance to individuals affected by potential misconduct, excessive force, or violations of law or detention standards by DHS officers or other personnel, or contracted, subcontracted, or cooperating entity personnel; and
6. Ensure that the functions performed by the Ombudsman are complementary to existing functions within DHS Homeland Security Act of 2002, Pub. L. No. 107-296, § 405(b) (codified at 6 U.S.C. § 205(b)), as added by Consolidated Appropriations Act, 2020, Pub. L. No. 116-93, § 106 (2019).

Privacy Act of 1974

All information submitted to the Office of the Immigration Detention Ombudsman (OIDO) is collected and protected under the provisions of the Privacy Act of 1974, 5 U.S.C. § 552a.

By submitting this information to OIDO, your consent allows OIDO to investigate any potential misconduct or violations in relation to immigration detention.

AUTHORITY:

DHS is authorized to collect the information requested on this form pursuant to section 405 of the Homeland Security Act of 2002, Pub. L. No. 107-296 (codified at 6 U.S.C. § 205), as added by Consolidated Appropriations Act, 2020, § 106, Pub. L. No. 116-93, 133 Stat. 2504.

PURPOSE:

DHS Office of the Immigration Detention Ombudsman (OIDO) is requesting this information to resolve cases brought forth by individuals or investigations regarding potential violations of law, individual rights, standards of professional conduct, contract terms, or policy related to immigration detention by any officer or employee of CBP, ICE, or any contracted, subcontracted, or cooperating entity personnel.

ROUTINE USES:

The information requested on this form may be shared within DHS based on a need to know basis and externally pursuant to routine uses to assist the DHS in reviewing and resolving complaints.

A complete list of the routine uses can be found in the system of records notices associated with this form, including DHS/ALL-020 Department of Homeland Security Internal Affairs and DHS/ALL-025 Law Enforcement Authority in Support of the Protection of Property Owned, Occupied, or Secured by the Department of Homeland Security System of Records.

Additionally, DHS plans to publish a new SORN to cover the records and uses with OIDO's collection, named DHS/OIDO-001 Office of the Immigration Detention Ombudsman System of Records. For those individuals not covered by the Privacy Act, additional information can be found in the Privacy Impact Assessment, DHS/OIDO/PIA-001 Immigration Detention Case Management System.

All can be found at: <https://www.dhs.gov/ehrcsv>.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:

Providing this information is voluntary. However, failure to provide this information may result in the inability of DHS to process or investigate the complaint.

Paperwork Reduction Act Notice

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1 hour per response, including the time for reviewing instructions, completing the form, and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

U.S. Department of Homeland Security,
Office of the Immigration Detention Ombudsman,
Mail Stop #0134,
2703 Martin Luther King Jr. Ave. SE,
Washington, DC 20528,
OMB No. 1601-NEW.

Previous Next

Information about the Person Submitting this Form

- A current or former detainee who is seeking assistance regarding conditions of immigration detention or an incident that occurred, or is occurring, while in DHS custody.
- An individual submitting this form on behalf of a current or former detainee, as his or her representative, who has a concern regarding conditions of immigration detention or to whom an incident occurred, or is occurring, while in DHS custody.
- An individual submitting the form anonymously.

Information About the Detainee

First Name * <input type="text"/>	Middle Name <input type="text"/>	Last Name * <input type="text"/>
Other Names Used or Spelling Variants <input type="text"/>		
Date of Birth <input type="text" value="M/D/YYYY"/>	Sex <input type="text"/>	Alien Registration Number (A-number) (if any) <input type="text"/>
Country of Citizenship or Nationality <input type="text"/>	Country of Birth <input type="text"/>	Preferred Language <input type="text"/>
<input type="checkbox"/> Is the Individual Currently in Custody?	Name of Detention Facility <input type="text"/>	Date Detained at Facility (If unsure of exact date, provide approximate date.) <input type="text" value="M/D/YYYY"/>
What is the expected contact information after release from detention? Or if not currently in custody, what is the contact information?	Apartment/Suite <input type="text"/>	City <input type="text"/>
Street Address <input type="text"/>	Zip / Postal Code <input type="text"/>	Country <input type="text"/>
State / Province <input type="text"/>	E-mail <input type="text"/>	
Phone <input type="text"/>		

Next

Information About Where the Incident or Concern Occurred

Where Did the Incident Occur

Did the Incident or Concern Occur at a Detention Facility?
 No Yes

Name of Detention Facility * (Select Unknown if you do not know the name of the facility.)

Provide Explanation of the Incident Location (If unsure of the name, provide general information, such as city or state, or descriptive information, such as large buildings or holding cell, or personnel uniform colors.)

Information About the Incident or Concern

Complaint Category * (Select one category that best describes the incident.)

Complaint Sub-Category *

Description of Incident or Concern * Please provide a detailed explanation of the incident or concern and specify the preferred remedy or redress.

Incident Date (if unsure of the exact date, provide approximate date.)

M/D/YYYY



Actions Taken to Report the Incident and Seek a Remedy or Redress

Was the incident or concern discussed with personnel at the facility?

No Yes

Was a grievance or formal complaint filed?*

No Yes

If medical, was a sick call request made?*

No Yes

Other:

Was the incident or concern reported to one of the following?

ICE Detention Reporting and Information Line (DRIL) (888-351-4024)

No Yes

Office of Professional Responsibility Joint Intake (OJIC) (877-2INTAKE)

No Yes

DHS Office of Inspector General (OIG) (800-323-8603)

No Yes

DHS Office for Civil Rights and Civil Liberties (CRCL) (866-644-8360)

No Yes

U.S. Health and Human Services, Office of Refugee Resettlement

No Yes

None of the Above

No Yes

Other

No Yes

Describe any other offices contacted or actions taken:

Identity of the Person Submitting this Form

Identity of the Person Submitting this Form

The aforementioned detainee who is seeking assistance regarding conditions of my immigration detention or an incident that occurred, or is occurring, while in DHS custody.

An individual submitting this form on behalf of a current or former detainee, as his or her representative, who has a concern regarding conditions of immigration detention or an incident that occurred, or is occurring, while in DHS custody.

An individual submitting this form anonymously. Due to the anonymous nature of the submission, no information regarding the case and/or outcome will be provided to the submitter.

Relationship to Detainee

Other



If other, specify relationship

INDIVIDUAL CONTACT INFORMATION

First Name

Middle Name

Last Name

Street Address

Apartment/Suite

City

State



Zip / Postal Code

Country



Phone

E-mail

Fax

ORGANIZATION INFORMATION

Law Firm / Organization (if applicable)

Type of Organization

Street Address

Apartment/Suite

City

State



Zip Code

Country



Email

Phone

Fax

Detainee Attestation:

By submitting this form, I certify, under penalty of perjury under the laws of the United States of America, including 28 U.S.C. § 1746, that the information provided is true and correct, and that I am an individual who encountered or is encountering difficulties while in immigration detention with the U.S. Department of Homeland Security. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a (i)(3) by a fine of not more than \$5,000.

Other Submitter Attestation:

By submitting this form, I certify, under penalty of perjury under the laws of the United States of America, including 28 U.S.C. § 1746, that I am an individual submitting a case to OIDO on behalf of a current or former detainee, as his or her representative (including either a family member or an attorney/accredited representative), to whom an incident occurred, or is occurring, while in DHS custody. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a (i)(3) by a fine of not more than \$5,000. I understand that without a privacy waiver signed by the detainee (or the detainee's legal guardian if under the age of 18) that allows OIDO to release information to me, OIDO may not be able to provide to me further information regarding this case or its resolution.

Previous

Next

Supporting Documents

Please attach copies of any documents or information that will help OIDO review the ca

Documents

There are no notes to display.

[Choose Files](#) No file chosen

[Previous](#) [Next](#)

Submission Confirmation

Submission Number

8022-PS-00001006

Submission Status

Active

[Previous](#)

[Submit Form](#)