

07 November 2022

DHS Office for Civil Rights and Civil Liberties (CRCL) "Complaint Intake Web Portal" : Electronic Web Based DHS Form 3500

ICR - PRA 1601-NEW

SCREENSHOTS

for

Paperwork **R**eduction **A**ct (PRA) Review Process

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CRCL Complaints

Please use this web-form to submit allegations about possible violations of civil rights, civil liberties, and human rights by U.S. Department of Homeland Security (DHS) programs, activities, personnel, or contractors directly to the DHS Office for Civil Rights and Civil Liberties (CRCL).

You may submit anonymous reports or allegations, and submissions may be in any language. If you do not speak or write English, CRCL has access to interpreters and translators and can communicate with you in any language.

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.

For more information about CRCL's complaint process and to find PDF versions of CRCL's complaint form in multiple languages go to <https://www.dhs.gov/file-civil-rights-complaint>.

What is your preferred language?

English

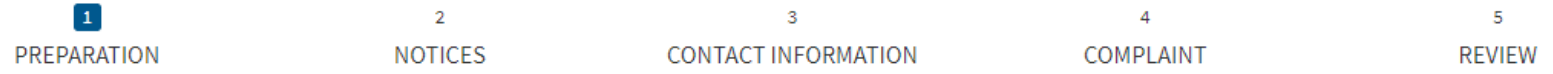
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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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CRCL Complaints

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For more information about CRCL's complaint process and to find PDF versions of CRCL's complaint form in multiple languages go to <https://www.dhs.gov/file-civil-rights-complaint>.

What is your preferred language?

English

English

Arabic

Chinese

French

Haitian Creole

Korean

Portuguese

If y

Hor

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The following statements must be provided to you because you are seeking to submit information to a Federal Government agency and because you are completing an electronic form provided by the agency. After you have read the Privacy Act Statement and Paperwork Reduction Act notice, please click the Accept button.

Privacy Act Statement

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

Purpose The U.S. 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 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 https://www.dhs.gov/topic/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.

The OMB Control Number for this collection is 1601-0035 and will expire on August 31, 2025.

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Accept

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Confidentiality and Anonymity

The purpose of this website is to assist you in filing a civil rights or civil liberties complaint with the U.S. 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.

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.

- You may remain anonymous by not filling in your name the steps that follow. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement provided at the beginning of this form.

If you check the box below, we will not disclose your identity to other offices, inside or outside of DHS, unless it is necessary for investigation of criminal misconduct.

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.

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Note on 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](tel:866-644-8369), [866-644-8361](tel:866-644-8361) (TTY).

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* Are you filing this complaint for someone else?

No ▼

If yes, please provide your information below, and provide their information on the next step. (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.)

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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* Are you filing this complaint for someone else?

Yes

If yes, please provide your information below, and provide their information on the next step. (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.)

First and Middle (Given Names)

Last Name (Family Name/Surname)

Job Title (Optional)

Organization (If any)

Cell/Mobile Phone

Home Phone

Work Phone

Email Address

Mailing Address (PO Box or Street address)

City

State

Zip Code

Country (If outside of The United States of America)

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First and Middle (Given Name)

Last Name (Family Name/Surname)

Cell/Mobile Phone Number

Home Phone Number

Work Phone Number

Mailing Address

City

State

Zip Code

Country (If outside the United States of America)

Date of Birth (MM/DD/YYYY)

Email Address

A-Number (if you have one and it's available)

- Check here if you are in detention now.
- Check here if you are represented by an attorney for the issues described in this complaint.

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

A-Number (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.

Please provide the attorney's name and contact information.

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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Who is this about?

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

Checkbox

- Citizenship and Immigration Services (USCIS)
- Customs and Border Protection (CBP)*
- Federal Emergency Management Agency (FEMA)
- Immigration and Customs Enforcement (ICE)
- Secret Service (USSS)
- Transportation Security Administration (TSA)
- U.S. Coast Guard (USCG)
- Not sure
- Non-DHS employee working under the authority of DHS (e.g., 287(g) officer) (specify)

- Other

*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 <https://www.dhs.gov/trip>

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

Who is this about?

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

Checkbox

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

Please Specify (Max 255 Characters)

- Other

Please Specify (Max 255 Characters)

*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 <https://www.dhs.gov/trip>

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When did this happen?

If ongoing, please indicate when the problem began. (If it happened on more than one date, list all dates. Max 4000 Characters)

[Empty text input field]

Where did this happen?

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

[Empty text input field]

City

[Empty text input field]

State or Country

[Empty text input field]

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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What happened?

Complaint Details (Describe your complaint. Give as much detail as possible.)

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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What happened?

Complaint Details (Describe your complaint. Give as much detail as possible.)

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Missing Information
Please fill out complaint details.

If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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

Witness One Name (or other information, e.g., agency)

Witness One Mailing Address (PO Box or Street Address)

Witness One City

Witness One State

Witness One Zip Code

Witness One Phone Number

Witness One Email Address

Check the box if you would like to add the details of another witness.

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Check the box if you would like to add the details of another witness.

Witness Two Name (or other information, e.g., agency)

Witness Two Mailing Address (PO Box or Street Address)

Witness Two City

Witness Two State

Witness Two Zip Code

Witness Two Phone Number

Witness Two Email Address

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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

Please Select Yes or No

No

Yes

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

Please Select Yes or No

- No
- Yes

Agency/Office/Court

Date

MM/DD/YYYY 

If so, has anyone responded to your complaint?

- No
- Yes

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

Be as descriptive as possible.

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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.)

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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Please use the **Upload** button below to submit any additional information or supporting documents.

Click the Upload button and then select the first attachment you would like to upload. You can submit more than one attachment, but attachments must be uploaded one at a time. The most recent attachment name will be displayed above the Upload button after it is loaded.

Documents may be submitted in any language. However, to the extent possible, we encourage the submission of English translations of documents to help CRCL process them faster.

Please attach files that support your complaint, such as documents, photos, medical records, grievances, or witness statements. You can attach multiple files.

You may attach the following file types: csv, txt, pdf, doc, docx, bmp, gif, jpeg, jpg, png, webp, heif, heic, tiff.

If you are unable to attach files in this online form, you are welcome to send them via e-mail to CRCLCompliance@hq.dhs.gov.

Please reference your confirmation number in the subject line of your e-mail. You will receive a confirmation number after you submit your complaint through this webform.

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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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It is important to ensure the information you have shared with CRCL is accurate.

On this page you can review all the information you have entered by clicking each section below. Within each section you will be able to review the information.

If you need to change any information, please click the "Edit This Section" link for the section you would like to edit. Once you make your changes to that section, please click the "Return to Review" button and complete your review.

After you review your review is complete and all the information is accurate, please click the "Confirm" button.

- Person who experienced the alleged civil rights or civil liberties violation** >
- Who the complaint is about** >
- When and where the incident/situation happened** >
- What happened** >
- People who witnessed the incident/situation** >
- Other agency, office, or court that has been contacted about this complaint** >
- Other information you want CRCL to know or consider** >

It is important to ensure the information you have shared with CRCL is accurate.

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Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



When and where the incident/situation happened



What happened



People who witnessed the incident/situation



Other agency, office, or court that has been contacted about this complaint



Other information you want CRCL to know or consider



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Confirm

If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

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Person who experienced the alleged civil rights or civil liberties violation



First Name

Last Name

Cell Phone Number

Home Phone Number

Work Phone Number

Mailing Address

City

State

Zip

Country

Date Of Birth

Email Address

A-Number

Preferred Language English

Currently In Detention true

Facility Name

Facility Address

Represented By Attorney true

Attorney's Name and Contact information

[Edit This Section](#)

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Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



Who is this about

[Edit This Section](#)

When and where the incident/situation happened



When the incident/situation happened

Where the incident/situation happened

Place

City

State or Country

[Edit This Section](#)

What happened



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Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



When and where the incident/situation happened



What happened



The details of the complaint ABC

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People who witnessed the incident/situation



Other agency, office, or court that has been contacted about this complaint



Other information you want CRCL to know or consider



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People who witnessed the incident/situation



Witness One

Name

Mailing Address

City

State

Zip

Phone

Email Address

Witness Two

Name

Mailing Address

City

State

Zip

Phone

Email Address

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Other agency, office, or court that has been contacted about this complaint



Other information you want CRCL to know or consider



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If you have problems understanding this form or any other questions, contact CRCL at CRCLCompliance@hq.dhs.gov

Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



When and where the incident/situation happened



What happened



People who witnessed the incident/situation



Other agency, office, or court that has been contacted about this complaint



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

If so, has anyone responded to your complaint Yes

If Yes, describe what has been done to respond to your complaint

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Other information you want CRCL to know or consider



The other information you want CRCL to know or consider

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- Person who submitted the complaint >
- Person who experienced the alleged civil rights or civil liberties violation >
- Who the complaint is about >
- When and where the incident/situation happened >
- What happened >
- People who witnessed the incident/situation >
- Other agency, office, or court that has been contacted about this complaint >
- Other information you want CRCL to know or consider >

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Confirm

Your complaint has not been submitted yet!
Please click the submit button to submit your complaint.

It is important to ensure the information you have shared with CRCL is accurate.

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After you review your review is complete and all the information is accurate, please click the "Confirm" button.

Person who submitted the complaint



First Name

JOHN

Last Name

DOE

Job Title

Organization

Cell Phone Number

202-555-5555

Home Phone Number

Work Phone Number

Email Address

Mailing Address

City

State

Zip Code

Country

Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



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After you review your review is complete and all the information is accurate, please click the "Confirm" button.

Person who submitted the complaint >

Person who experienced the alleged civil rights or civil liberties violation >

Who the complaint is about >

When and where the incident/situation happened >

What happened >

People who witnessed the incident/situation >

Other agency, office, or court that has been contacted about this complaint >

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Your complaint has not been submitted yet!
Please click the submit button to submit your complaint.

[Submit](#)

Confirmation Number 000183W-23

Save / Print

Confirmation Your complaint has been submitted to CRCL. Please note the unique Confirmation Number provided above for your complaint submission. *Please note the unique Confirmation Number provided above for your complaint submission.*

Instruction Please use the blue (Save / Print) button on the right to print and save a PDF copy of the complaint you submitted to CRCL.

Date and Time Complaint Submitted 2022-11-07 19:42:17

Person who submitted the complaint



Person who experienced the alleged civil rights or civil liberties violation



Who the complaint is about



When and where the incident/situation happened



What happened



People who witnessed the incident/situation



Other agency, office, or court that has been contacted about this complaint



Other information you want CRCL to know or consider



Print

Total: 8 pages



Printer

Save as PDF

Layout

- Portrait
- Landscape

Pages

- All
- Odd pages only
- Even pages only
- e.g., 1-5, 8, 11-13

[More settings](#)

[Troubleshoot printer issues](#)

Save Cancel

11/7/22, 2:51 PM

Confirmation - DHS Civil Rights and Civil Liberties Complaint

Confirmation Number 000183W-23

2022-11-07 19:42:17

Person who submitted the complaint

First Name JOHN	Email Address
Last Name DOE	Mailing Address
Job Title	City
Organization	State
Cell Phone Number 202-555-5555	Zip Code
Home Phone Number	Country
Work Phone Number	

