



**United States Attorney's Office  
Northern District of Iowa  
Civil Rights Unit**

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**Civil Rights Complaint Form**

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One of the top priorities of the United States Attorney's Office for the Northern District of Iowa is to protect the civil rights of the citizens of the Northern District of Iowa. We therefore encourage the public to bring to our attention possible violations of the Nation's federal civil rights laws.

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**Name of person filing complaint:**

**Person/Entity you are filing the complaint about:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name of Person or Entity**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address (Line 2)**

\_\_\_\_\_  
**Address (Line 2)**

\_\_\_\_\_  
**City, State**

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

\_\_\_\_\_  
**City, State**

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

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**Phone**

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Nature of Alleged Civil Rights Violation:

Disability Rights     Fair Housing     Voting Rights     Educational Opportunities

Law Enforcement Misconduct     Employment Discrimination     Institutionalized Persons

Other: \_\_\_\_\_

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Are there other cases and/or people who were treated in the same manner as you have described above? If so, please describe the incidents and persons who were subjected to the same or similar treatment.

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Are you represented by an attorney in this matter?  Yes  No

If yes, please provide the name of attorney, address and phone number.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Have you filed a lawsuit concerning this matter?  Yes  No

If yes, please provide the case name, court in which the case was brought, and the status of the case. \_\_\_\_\_

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Have you filed a complaint about this matter with any other federal, state, or local agency?  Yes  No If yes, please list the agency, contact person, phone and status of the complaint.

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We will carefully consider the information you have provided us to determine whether a violation of the federal civil rights laws may have occurred and, if so, whether this Office has enforcement authority with respect to such a violation. If we determine that your complaint raises a potential violation of federal civil rights laws that would be within the jurisdiction of this Office to investigate and that further information from you is necessary for our investigation, you will be contacted.

**\*\*\*SUBMITTING A COMPLAINT TO THIS OFFICE HAS NO EFFECT ON ANY STATUTE OF LIMITATIONS THAT MIGHT APPLY TO ANY CLAIM YOU MAY HAVE. BY SUBMITTING THIS COMPLAINT FORM YOU HAVE NOT COMMENCED A LAWSUIT OR OTHER LEGAL PROCEEDING, AND THIS OFFICE HAS NOT INITIATED A SUIT OR PROCEEDING ON YOUR BEHALF. IF YOU BELIEVE YOUR CIVIL RIGHTS HAVE BEEN VIOLATED AND YOU INTEND TO SUE FOR MONEY OR OTHER RELIEF, YOU SHOULD CONTACT A PRIVATE ATTORNEY.**

Signature \_\_\_\_\_

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

Mail this completed complaint form to:  
United States Attorney's Office  
Civil Rights Attorney  
111 Seventh Ave. SE, Box 1  
Cedar Rapids, IA 52401-2101

Or email to: [USAIAN.CivilRightsComplaint@usdoj.gov](mailto:USAIAN.CivilRightsComplaint@usdoj.gov)  
Or fax to: (319) 363-1990