



## U.S. Department of Justice

### Civil Rights Division

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*Federal Coordination and Compliance Section  
950 Pennsylvania Ave., NW - NWB  
Washington, DC 20530*

#### NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

#### NOTICE OF COMPLAINANT AND INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding, or hearing conducted by Department of Justice (DOJ) are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

- A recipient may not force its employees to be represented by the recipient's counsel nor may it intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with DOJ. The representative may be the recipient's counsel, the employee's private counsel, or anyone else the interviewee authorizes to be present.

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d – 2000d7, and its implementing regulations, 28 C.F.R. § 42.401 et seq., govern DOJ's compliance and enforcement authority. These provisions provide that no recipient or other person shall intimidate, threaten, coerce, or discriminate against any individual because he/she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing conducted under DOJ's jurisdiction, or has asserted rights protected by statutes DOJ enforces.

- Information obtained from the complainant or other individual maintained in DOJ's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if the release of such information would constitute an unwarranted invasion of personal privacy

*There are two laws governing personal information submitted to any federal agency, including the DOJ: The Privacy Act of 1974 (5 U.S.C. § 552a), and the Freedom of Information Act (5 U.S.C. § 552).*

THE PRIVACY ACT protects individuals from misuse of personal information held by the federal government. The law applies to records that are kept and that can be located by the individual's name or social security number or other personal identification system. Persons who submit information to the government should know that:

- DOJ is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and, in some instances, religion against recipients of Federal financial assistance. DOJ also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.

- Information that DOJ collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. DOJ staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. DOJ also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act.

- The personal information will be used primarily for DOJ's authorized civil rights compliance and enforcement activities. FCS will not disclose your name or other identifying information about you unless it is necessary for enforcement activities against an entity alleged to have violated federal law, or unless such information is required to be disclosed under the Freedom of Information Act, 5 U.S.C. § 552, or disclosure is allowed through the publication of a routine use in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a. <http://edocket.access.gpo.gov/2003/pdf/03-20342.pdf> To further the Department's enforcement activities, information FCS has about you may be given to: appropriate federal, state, or local agencies; Members of Congress or staff; volunteer student workers within the Department of Justice so that they may perform their duties; the news media when release is made consistent with the Freedom of Information Act and 28 C.F.R. § 40.2; and the National Archives and Records Administration and General Services Administration to perform records management inspection functions in accordance with their legal responsibilities.

- No law requires a complainant to give personal information to DOJ, and no sanctions will be imposed on complainants or other individuals who deny DOJ's request. However, if DOJ fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

- The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of DOJ to exercise authority to exempt systems of records only in compelling cases. DOJ may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against a recipient of federal financial assistance. Complaint files are exempt in order to aid negotiations between recipients and DOJ in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

THE FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the federal government. Individuals can obtain items from many categories of records of the government -- not just materials that apply to them personally. DOJ must honor requests under the Freedom of Information Act, with some exceptions. DOJ generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an "unwarranted invasion of privacy" of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a "clearly unwarranted invasion of privacy."



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**COMPLAINT FORM**

The purpose of this form is to assist you in filing a complaint with the Federal Coordination and Compliance Section (FCS). You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (\*) must be provided if you submit something other than this form.

1.\* Your name and address.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_

2.\* Person(s) discriminated against, if different from above:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_  
Please explain your relationship to this person(s).  
\_\_\_\_\_  
\_\_\_\_\_

3.\* Agency and department or program that discriminated:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_) \_\_\_\_\_

4A.\* Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
\_\_\_\_ National origin: \_\_\_\_\_  
\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_ Religion: \_\_\_\_\_  
\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_ Disability: \_\_\_\_\_

OMB No. 1190-0008  
Expires: 6/30/2017

4B.\* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken.

\_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
\_\_\_\_\_ National origin: \_\_\_\_\_  
\_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Religion: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Disability: \_\_\_\_\_

5. What is the most convenient time and place for us to contact you about this complaint?

\_\_\_\_\_

6. If we will not be able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:

Name: \_\_\_\_\_  
Telephone: Home:(\_\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_\_) \_\_\_\_\_

7. If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home: (\_\_\_\_\_) \_\_\_\_\_ Work or Cell: (\_\_\_\_\_) \_\_\_\_\_

8.\* To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination: \_\_\_\_\_  
Most recent date of discrimination: \_\_\_\_\_

9. Complaints of discrimination generally must be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint and FCS will evaluate the explanation and decide if a waiver is appropriate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10.\* Please explain, as clearly and neatly as possible, what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

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11. Title VI of the Civil Rights Acts of 1964, 42 U.S.C. §§ 2000d – 2000d7 and the nondiscrimination section of the Omnibus Crime Control and Safe Streets Act of 1968, 28 U.S.C. § 3789d(c), prohibit recipients of Department of Justice funds from intimidating or retaliating against anyone because he or she has either taken action or participated in an action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain, as clearly and neatly as possible, the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

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12. Please list below any persons (witnesses, fellow employees, supervisors, or others), if known, whom we may contact for additional information to support or clarify your complaint.

Name	Address	Area Code/Telephone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Do you have any other information that you think is relevant to our investigation of your allegations?

_____
_____
_____
_____
_____
_____
_____
_____

14. What remedy are you seeking for the alleged discrimination?

_____
_____
_____

15. Have you (or the person discriminated against) filed the same or any other complaints with other offices of the Department of Justice (including the Office of Justice Programs, Federal Bureau of Investigation, etc.) or other Federal agencies?

Yes \_\_\_\_ No \_\_\_\_

If so, do you remember the Complaint Number?

_____
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What agency and department or program was it filed with?

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Date of Filing: \_\_\_\_\_ Filed Against: \_\_\_\_\_

Briefly, what was the complaint about?

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What was the result?

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16. Have you filed a charge or complaint concerning the matters raised in this complaint with any of the following?

- U.S. Equal Employment Opportunity Commission  
 Federal or State Court  
 Your State or local Human Relations/Rights Commission  
 Grievance or complaint office  
 Other \_\_\_\_\_

17. If you have already filed a charge or complaint with an agency indicated in #16, above, please provide the following information (attach additional pages if necessary):

Agency: \_\_\_\_\_  
Date filed: \_\_\_\_\_  
Case or Docket Number: \_\_\_\_\_  
Date of Trial/Hearing: \_\_\_\_\_  
Location of Agency/Court: \_\_\_\_\_  
Name of Investigator: \_\_\_\_\_  
Status of Case: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Department of Justice funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

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19.\* We cannot accept a complaint if it has not been signed. Please sign and date this Complaint Form below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

United States Department of Justice  
Civil Rights Division  
Federal Coordination and Compliance Section - NWB  
950 Pennsylvania Avenue, NW  
Washington, D.C. 20530

Toll-free Voice and TDD: (888) 848-5306  
Voice: (202) 307-2222  
TDD: (202) 307-2678

20. How did you learn that you could file this complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. If your complaint has already been assigned a DOJ complaint number, please list it here:

\_\_\_\_\_

Note: If a currently valid OMB control number is not displayed on the first page, you are not required to fill out this complaint form unless the Department of Justice has begun an administrative investigation into this complaint.

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Expires: 6/30/2017





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COMPLAINANT CONSENT/RELEASE FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Complaint number(s): (if known) \_\_\_\_\_

*Please read the information below, check the appropriate box, and sign this form.*

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, that it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

CONSENT/RELEASE

CONSENT - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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