



FOR OFFICE USE ONLY
DATE RECEIVED: _____
CASE NUMBER: _____

**COMPLAINT**  
**ALLEGING FAILURE OF DEPARTMENT OF JUSTICE EMPLOYEE TO PROVIDE RIGHTS  
 TO A CRIME VICTIM UNDER THE CRIME VICTIMS' RIGHTS ACT OF 2004**

<i>Return signed form, including additional pages or documents, to:</i> ATF National Victim Witness Coordinator Special Operations Branch 99 New York Ave., N.E. Room 7-S-140 Washington, D.C. 20226	Phone: 202-648-8620 Toll Free: 1-800-800-3855 Fax: 202-648-9616
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This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action against Department of Justice employees who may have failed to provide or have violated the rights of a crime victim under the Crime Victims' Rights Act of 2004. A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a Federal offense or an offense in the District of Columbia.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the Department of Justice employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the Federal Government in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

- Victim                                       Attorney representing victim  
 Legal Guardian                               Other representative (describe) \_\_\_\_\_

Name, phone number and relationship to victim of person completing this form (if not the victim).
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Is the victim represented by an attorney in this complaint?       Yes       No

If yes, please provide the attorney's name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney.


1. **PERSONAL INFORMATION ABOUT THE VICTIM**

First Name	Middle Name	Last Name
Title: Mr. ____	Mrs. ____	Ms. ____
Miss ____		
Other ____		
Street Address:		
City:	State:	Country:
		Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:
Email Address:		

2. **INFORMATION ABOUT THE CRIMINAL CASE**

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event:		
<input type="checkbox"/> Investigation <input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment <input type="checkbox"/> Preliminary Hearing <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Parole Hearing <input type="checkbox"/> Other _____		
Defendant(s) Name(s):		
Case Number:	District Court:	Judge:

3. **INFORMATION ABOUT THE VICTIM'S COMPLAINT**

What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject of your complaint?

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Is your complaint against a specific person in that office?       Yes       No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining.





**5. PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE**

Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint?

- Yes       No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attached additional pages or documents to this complaint.

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**6. OTHER RELEVANT INFORMATION**

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

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**The information set forth herein is true and correct to the best of my knowledge.**

Signature (Must be signed by Victim)	Date

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

- Under 18 years of age       Incapacitated       Incompetent  Deceased

Signature	Date