

Please start by downloading a blank complaint form from www.ojp.gov/ocr/cvi.pdf.
Suggestions for how to fill out the form are shown in **red** below:

COMPLAINT VERIFICATION INFORMATION

Your name, address, and telephone number(s):

Your information goes here:

Name, address, and telephone number(s) of person(s) who discriminated against you:

Information about the person who discriminated against you goes here. If the person refused to give you her name, state that fact here.

Name, address and telephone number(s) of agency or organization involved in your complaint:

If you belong to an organization that is supporting you in this complaint, list that organization here:

Are there other persons or organizations involved in this discrimination case? _____

If you have an attorney, list that person's information here.

If yes, please give the names, addresses and telephone numbers below:

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____

Which of the following describes the nature of the discrimination involved? Check "Sex" and other boxes as appropriate.

____ Race/Color ____ National Origin ____ Religion ____ ☒ Sex ____ Disability Age

Does your charge of discrimination involve:

a. Your job or seeking employment? ____ Yes ____ No

b. Your using facilities or someone providing services/protection to you (or others)?

____ Yes ____ No ____

If yes, which of the following apply:

____ Hiring
____ Work Assignment
____ Promotion
____ Demotion
____ Discipline
____ Layoff/Recall
____ Retaliation
____ Termination
____ Other (Specify) _____

If yes, which of the following apply:

Check as many spaces as apply.

Brutality
____ Harassment
____ Language
_ ☒ _ Applying rules/laws differently
_ ☒ _ Access to buildings/programs
____ Retaliation
_ ☒ _ Different standards/opportunities/programs
____ Segregation
____ Other (Specify) _____

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What month(s), day(s), and year(s) did the most recent discrimination against you take place?

Answer as appropriate.

Beginning: Month _____ Day _____ Year _____
Ending: Month _____ Day _____ Year _____

Explain in detail what happened and how you were discriminated against. State who was involved and show how other persons were treated differently from you. (Also attach any written materials or documentation pertaining to your case.)

Explain previous abuse incidents, who started the violence, and the harm you suffered. Then detail what services you requested and how you were discriminated against. Attach photographs, police reports, and medical records as appropriate.

Has the opposite sex or have persons of other races, national origin, religions, or disabilities been treated differently from you in this particular matter? If yes, please explain and identify: ☒ Yes ☐ No

These are some things you can say:

1. The federal Centers for Disease Control reports that women are just as likely to initiate partner violence as men. But men represent less than 10% of persons served by Violence Against Women Act programs: www.mediadar.org/ovw_foia_data.php
 2. The organization creates a hostile environment for men by publishing materials that ignore violence against men and making false claims such as, "Domestic violence overwhelmingly affects women."
 3. Widespread discrimination against male victims has been documented in RADAR's report, "VAWA Programs Discriminate against Male Victims:"
<http://www.mediadar.org/docs/RADARreport-VAWA-Discriminates-Against-Males.pdf>
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Why do you believe this occurred?

Here's a good answer: "Because they don't know the Violence Against Women Act, Section 40002(b)(8), requires that federally-funded services be made available to men."

What other information do you think might be helpful to our investigation?

Answer as appropriate. This might include previous examples of discrimination, or background information about the organization that discriminated against you.

If this complaint is resolved to your satisfaction, what remedy do you seek?

These are some remedies you can request:

1. Immediate provision of requested services
 2. Reimbursement for expenses if you had to pay for services out of your own pocket
 3. Removal of information from the organization's website that is biased against men
 4. Training for the organization's staff that emphasizes the problem of domestic violence against men.
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(Continue any question on additional sheets if necessary)

Sample Form
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Please list below any persons (witnesses, fellow employees, supervisors, or others) whom we might contact for additional information to support or clarify your complaint:

List any witnesses here.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Have you filed a case or complaint with any of the following? (Check the appropriate items.)

Answer as appropriate.

<input type="checkbox"/> Civil Rights Division, U.S. Dept. Of Justice	<input type="checkbox"/> State or local Human Relations Commission
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	<input type="checkbox"/> State Law Enforcement Planning Agency
<input type="checkbox"/> Other Federal Agency	<input type="checkbox"/> Attorney (Note the name and address above)
<input type="checkbox"/> Federal or State Court	<input type="checkbox"/> Other (specify) _____

For any item checked above, please provide the following information:

Answer as appropriate.

Name of Agency: _____
Date Filed: _____
Case or Docket Number: _____
Date of Trial or Hearing: _____
Location of Agency or court: _____
Name of Investigator: _____
Status of Case: _____

Additional comments: _____

DATE: _____ SIGNED: _____

(Please also complete and submit the Identity Release Statement)

The Identity Release Statement allows the Department of Justice to disclose your name to the organization when it conducts its investigation. You may request to keep your identity confidential, but that makes it more difficult for the DoJ to obtain evidence on your behalf. So RADAR recommends you check the "Consent" box if possible.

Please mail the filled out form and the completed Identity Release Statement to the Office for Civil Rights at the address given at the bottom of the blank form you downloaded from www.ojp.gov/ocr/cvi.pdf.