
Instructions

This charge form is to be used only to file a charge alleging an unfair immigration-related employment practice in violation of 8 U.S.C. §1324b. This charge form must be filed with the Office of Special Counsel for Immigration Related Unfair Employment Practices.

U.S. Department of Justice
Civil Rights Division
Office of Special Counsel for Immigration-related Unfair
Employment Practices
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

On the form, "Injured Party" means a person who claims to have been adversely affected directly by an unfair immigration-related employment practice or, in the case of a charge filed by an officer of the Immigration and Naturalization Service or by a Charging Party other than the Injured Party, is alleged to be so affected.

On the form, "Charging Party" means: (1) an individual who files a charge with the Special Counsel that alleges that he or she has been adversely affected directly by an unfair immigration-related employment practice; or (2) an individual or private organization who is authorized by an individual to file a charge with the Special Counsel that alleges that the individual has been adversely affected directly by an unfair immigration-related employment practice; or (3) an officer of the Immigration and Naturalization Service who files a charge with the Special Counsel that alleges that an unfair immigration-related practice has occurred.

The "Charging Party" should complete the charge form in its entirety by typing, or neatly printing, the information requested. If a question is not applicable, it should be left blank.

This charge form must be delivered or mailed to the Office of Special Counsel within 180 days of the alleged discrimination.

Questions concerning this charge form can be directed to the Office of Special Counsel by mail at the above address or by telephone at (202) 616-5594 or 1-800-255-7688 (toll free), TDD (202) 616-5525 or 1-800-237-2515 (toll free).

1. Charging Party

Full Name: Telephone: ()

Other Names Ever Used:

Street Address:

City: State: Zip Code:

Injured Party (IF INJURED PARTY is same as CHARGING PARTY, write "same")

Full Name: Telephone: ()

Other Names Ever Used:

Street Address:

City: State: Zip Code:

2. Individual, Business or Entity Which You Believe Has Committed Unfair Employment Practice:

Full Name: Telephone: ()

Street Address:

City: State: Zip Code:

3. Individual, Business or Entity Has (check one):

- Less than 15 employees, but more than 3 employees.
- 15 or more employees.
- Unable to estimate number of employees.

4. Injured Party Has Suffered an Unfair Immigration-Related Employment Practices (check one or more)

- National Origin Discrimination (with respect to the hiring, recruitment or referral, or discharging of the Injured Party)
- Citizenship Status Discrimination (with respect to the hiring, recruitment or referral, or discharging of the Injured Party)
- Retaliation for Asserting Rights Protected Under 8 U.S.C. §1324b
- Document Abuse (The individual, business, or organization refused to accept a valid document or demanded more or different documents that are required for completing the INS Form I-9)

5. Injured Party Is:

- Citizen or National of the United States (if this box is marked continue on to #6)
- Alien Authorized to Work in the United States (if this box is marked you must complete the rest of #5)

If INJURED PARTY is an alien authorized to work in the United States:

Alien Registration Number (s): _____

Date of Birth: (day) ___ (month) ___ (year) _____

If INJURED PARTY is an alien authorized to work in the United States:

Injured Party (check one if applicable):

- Is lawfully admitted for permanent residence date granted: _____
- Has status of a lien lawfully admitted for temporary residence under 8 U.S.C. §1160(a), 8 U.S.C. §1161(a), or 8 U.S.C. §1255a(a)(1)
- Is admitted as refugee under 8 U.S.C. §1157
- Has been granted asylum under 8 U.S.C. §1158

Injured Party (check one):

- Has applied for naturalization Date of Application: _____
- Has not applied for naturalization

- Is Otherwise Authorized to work

6. When did the unfair practice occur: (date) _____

7. Where did the unfair practice occur: (date) _____

IMPORTANT NOTICE

CONCERNING

IMMIGRATION-RELATED UNFAIR EMPLOYMENT PRACTICES

U.S. immigration law prohibits discrimination on the basis of national origin with respect to the hiring, firing, or recruitment or referral for a fee of:

- Citizens or nationals of the United States; and
- Aliens authorized to work in the United States

It also prohibits discrimination on the basis of citizenship status with respect to the hiring, firing, or recruitment or referral for a fee of:

- Citizens or nationals of the United States; and
- Protected Aliens (permanent residents, temporary residents, refugees, and asylees)

This law is enforced by an independent Office of Special Counsel in the Department of Justice. Because the law requires that complaints must be filed within **180** days from the date of the act of discrimination, if you believe that you have been discriminated against, you should **immediately** notify the Office Special Counsel.

You may call this number toll-free:

1-800-255-7688

(202-616-5594 in Washington, D.C.)

TDD: 1-800-237-2515

(202-616-5525 in Washington, D.C.)

Or you may write to:

Office of Special Counsel
P.O. Box 27728
Washington, D.C. 20038-7728

PRIVACY ACT STATEMENT

The authority for requesting this information from you is contained in 8 U.S.C. Section 1324b. The information that you provide will be used principally for investigating and processing your charge of prohibited discrimination; however, the information may also be used for other legitimate purposes, as detailed in this Office's notice published in the Federal Register describing the routine uses of the information obtained by the Office. Your failure to provide the information requested on this form could lead to your charge being dismissed or not being accepted. Knowingly making false statements on this form is punishable under 18 U.S.C. Section 1001.