



**United States Department of Justice**

*United States Attorney*

*District of Connecticut*

*157 Church Street, 25th Floor*

*New Haven, Connecticut 06510*

*(203) 821-3700*

*Fax (203) 773-5376*

*E-Mail: [USACT.Citizenscomplaint@usdoj.gov](mailto:USACT.Citizenscomplaint@usdoj.gov)*

*[www.justice.gov/usao-ct](http://www.justice.gov/usao-ct)*

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***CITIZEN'S COMPLAINT FORM***

Please note: **The United States Attorney** is responsible for the prosecution of violations of federal laws and for representing officers and agencies of the federal government in civil actions. Accordingly, our office can only undertake those cases falling within our authority.

If you will provide us with the facts of your complaint, inquiry will be made to determine whether the facts merit action by this Office.

If you have any questions, please indicate them on this form.

You make take this form with you and when you have completed it, mail it back to the above address.

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**DO NOT WRITE ABOVE THIS LINE**

Today's Date: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Your E-Mail: \_\_\_\_\_

Were you referred to this Office by any agency or, public official?      Yes      No

If yes, please name them: \_\_\_\_\_

If you have an attorney representing you in this matter, please give the full name and address: \_\_\_\_\_

Have you advised your attorney of the complaint to this office?     Yes     No

Is there a court action pending which pertains to this matter?     Yes     No

If yes, please give case number and court: \_\_\_\_\_

List all public agencies you may have contacted regarding this complaint: \_\_\_\_\_

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State the details of your complaint or information below. Use the attached sheet if necessary. If you have any relevant documents, please attach **COPIES** only. **DO NOT SEND ORIGINAL DOCUMENTS.** Do you represent the information you have provided to be true?

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

Today's Date: \_\_\_\_\_

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