



The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see www.dhs.gov/eeo.)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

Notes on Confidentiality and Anonymity:

- A)** You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B)** Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. **IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct).** Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C)** *Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.*

Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**
(fill in what you can)

Name: 名前 _____
First and Middle Last

Phone #: Cell: 電話番号 _____ Home: 日本 _____ Work: 仕事 _____

Please note that we may contact you at the provided numbers.

Mailing Address: 住所 _____
PO Box or Street address City State Zip

Date of Birth: 誕生日 _____ Email (optional): メールアドレス _____

Alien Registration #. (if you have one and it's available): パスポート番号 _____

Check here if you are in detention now.

Which facility? 問題のあった場所 例) ハワイの空港など _____
Facility name Facility address

Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information _____

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide *your* information.

Name: _____
First Last Job title

Organization (if any): _____

Phone #: Cell: _____ Home: _____ Work: _____

Mailing Address: _____
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

最初に今回の申請理由を記入

私の場合はニューヨークで1回の入国審査がグアム、ハワイで2回になったことを記入

また、そのときの理由も記入しました。例) 指紋の似てる人がいるためなど

*****英文*****

次に2度の審査で時間がかかり、私は不愉快です。家族とアメリカに旅行したとき隔離され、家族と連絡することはできません。間違った情報の入国審査は直してください。私と家族は非常に困っています。間違いがなくなるようにしてください。私はレドラスナンバーをを申請します。下記、英文を記載。

It also takes time by double examinations, and I'm unpleasant. On my trip to the US with my family, I will be quarantined. But I can not contact my family. Please cure the unpleasant feeling with this incorrect immigration review. I and the family are very trouble. please, so that the mistake may be lost.

I apply for Redress Number.

Continue on an additional page, if needed.

When did this happen? If ongoing, please indicate when the problem began.

(If it happened on more than one date, list all dates):

月/日/年 入国場所例) ハワイなどの順で記入
●/●/● HAWAII

Where did this happen?

Place *(for example, name the detention facility, airport, other):* 例) 空港の入国審査 airport by Immigration examination

City: 例) ハワイ State or Country: 例) ハワイ

④ Who treated you unfairly?

An employee, contractor, or officer of *(check as many as apply):*

- Citizenship and Immigration Services (USCIS)
 - Customs and Border Protection (CBP)*
 - Customs Officer
 - Border Patrol Agent
 - Federal Emergency Management Agency (FEMA)
 - Immigration and Customs Enforcement (ICE)
 - Secret Service (USSS)
 - Transportation Security Administration (TSA)*
 - U.S. Coast Guard (USCG)
 - Other DHS program *(specify)* :
- Not sure which DHS office
 - Non-DHS employee working under the authority of DHS (e.g., 287g officer) specify: _____

*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: www.dhs.gov/trip.

⑤ List anyone else who may have seen or heard what happened.

(If you do not know their names, provide whatever details you can)

Names (or other information, e.g., agency): I don't know. _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Names (or other information, e.g., agency): _____

Mailing Address: _____
PO Box or Street address City State or Country Zip

Phone No.: _____ Email: _____

Continue on an additional page, if needed.

⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

Yes: Agency/Office/Court _____ Date: _____

No

If so, has anyone responded to your complaint?

Yes **No**

If Yes, describe what has been done to respond to your complaint:

Continue on an additional page, if needed.

⑦ **Is there any other information you want us to know about or consider?**

質問内容は知りたいことありますか？なので・・・
私は、入国審査で2度審査される理由です。

Reason why there are two checks at Immigration procedure.

Continue on an additional page, if needed.

⑧ **If you are not proficient in English, please indicate the language in which you prefer we communicate with you.**

質問は英語は得意でない場合には、希望する言語を記入してください、私は日本語なので・・・ I hope Japanese ,please.

⑨ **If you have problems understanding this form or any other question, contact CRCL:**

E-mail: crcl@dhs.gov

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

⑩ **To submit this form by email, please save, attach, and send to crcl@dhs.gov. Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.**

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to crcl@dhs.gov, or mail to the address listed above.)

Keep a copy of this complaint for your records.

Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to www.dhs.gov/crcl.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

Continue on this page, if needed.

Continue on this page, if needed.