



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**

*Return signed form, including additional pages or documents, to:*

Victims' Rights Point of Contact District of Minnesota 600 U.S. Courthouse 300 South Fourth Street Minneapolis, MN 55415	Phone: 612-664-5600  Fax: 612-664-5574
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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.

- |   |  |
|---|--|
| <input type="checkbox"/> Victim         | <input type="checkbox"/> Attorney representing victim          |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> 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.

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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.

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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: \_\_\_\_\_