



Internal Revenue Service
Civil Rights Division

Equity, Diversity and Inclusion Operations
1111 Constitution Avenue, NW
Washington, DC 20224

COMPLAINT FORM

The purpose of this form is to assist you when filing a civil rights complaint with the Department of the Treasury - Internal Revenue Service. You are not required to use this form. A letter with the necessary complaint information will be sufficient to file a complaint.

Under no circumstances will the Internal Revenue Service tolerate discrimination by its employees, grantees, contractors and/or subcontractors.

Any person who believes that he/she has been discriminated against in programs or activities conducted by the Internal Revenue Service may file a complaint in writing or use this form. If you need assistance completing the form, you may contact us at (202) 317-6925.

1. State your name and address (*print clearly*):

Name: _____
Address: _____
Telephone: Home: (_____) _____ Work or Cell: (_____) _____
Email: _____

2. Who do you believe discriminated against you? Provide as much information as possible.

Name_Agency_or_Entity: _____
Address: _____
Telephone: Home: (_____) _____ Work or Cell: (_____) _____

3. Please indicate below the basis(es) on which you believe the discriminatory act(s) occurred:

Race: _____
Color: _____
National Origin: _____
Sex: _____
Age: _____
Disability: _____
Other: _____

4. What is the preferred method for us to contact you about this complaint?

___ Telephone ___ E-mail ___ Fax ___ U.S. Mail

5. Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply.)

- Braille
- TDD/TTY
- Large Print
- E-mail
- Foreign language interpreter (specify language): _____

6. To your best recollection, on what date(s) did the alleged discrimination take place?

7. Complaints of discrimination must generally be filed within 180 days of the alleged incident. If the most recent date was more than 180 days ago, you may request a waiver of the time filing requirement. If you wish to request a waiver, please explain why you were unable to file your complaint within 180 days of the alleged incident.

8. Please explain, with as much detail as possible, what happened, who was involved, why you believe it happened, and how you were discriminated against. If possible, be sure to include an explanation of how you were treated differently from other persons.

9. The IRS, Low Income Tax Clinic (LITC) employees, Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) volunteers, may not retaliate against any person who has made a complaint, testified, assisted or participated in any manner in any investigation or proceeding under the statutes, executive orders, and regulations governing federal programs. If you believe that an IRS or LITC employee, or a VITA or TCE volunteer, has retaliated against you for filing a complaint of discrimination, please explain below.

10. Do you have any other information that you think is relevant to our investigation of your allegations?

11. What remedy are you seeking for the alleged discrimination?

Please sign and date the Complaint Form below.

(Signature)

(Date)

We will also need your consent to disclose your name, if necessary, in the course of the investigation. Please sign the attached Consent Form and mail both the completed Complaint Form and Consent Form, to the following address:

Operations Director, Civil Rights Division
Internal Revenue Service
1111 Constitution
Avenue, NW Room 2413
Washington, DC 20224

How did you learn about the IRS Civil Rights Division?

- IRS Website/Internet Search Family/Friend/Associate Religious/Community Org
 Lawyer/Legal Organization Employer Fed/State/Local Gov
 Healthcare Provider/Health Plan Conference/OCR Brochure Other

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that the requested information is being collected to ensure that we receive all the information that is needed to process your complaint upon acceptance. The primary purpose of this form is to obtain information pertaining to your civil rights complaint. Our legal authority to request this information is the Department of Justice, Investigation Procedures Manual. The CRD will not disclose the name or other identifying information about the complaining individual unless the disclosure is necessary for investigation or enforcement purposes and we have obtained a signed consent/release from that individual, OR unless disclosure of such information is both necessary and permitted absent consent pursuant to the provisions of the Privacy Act of 1974 (5 U.S.C. §552a), the Freedom of Information Act (5 U.S.C. §552), and/or other federal law.