

How to File a Civil Rights Complaint

Complaint Requirements

Your complaint must:

- Be filed in writing by mail, fax, e-mail, or via the [OCR Complaint Portal](#)
- Name the health care or social service provider involved, and describe the acts or omissions, you believe violated civil rights laws or regulations
- Be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause"

File a Civil Rights Complaint Online

Open the [OCR Complaint Portal](#) and select the type of complaint you would like to file. Complete as much information as possible, including:

- Information about you, the complainant
- Details of the complaint
- Any additional information that might help OCR when reviewing your complaint

You will then need to electronically sign the complaint and complete the consent form. After completing the consent form you will be able to print out a copy of your complaint to keep for your records

File a Civil Rights Complaint in Writing

File a Complaint Using the Civil Rights Discrimination Complaint Form Package

Open and fill out the [Civil Rights Discrimination Complaint Form Package](#) in PDF format. You will need Adobe Reader software to fill out the complaint and consent forms. You may either:

- Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- Email the completed complaint and consent forms to OCRComplaint@hhs.gov (Please note that communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties)

File a Complaint without the Civil Rights Discrimination Complaint Form Package

If you prefer, you may submit a written complaint in your own format by either:

- Mail to
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.

Room 509F HHH Bldg.
Washington, D.C. 20201

- Email to OCRComplaint@hhs.gov

Be sure to include:

- Your name
- Full address
- Telephone numbers (include area code)
- E-mail address (if available)
- Name, full address and telephone number of the person, agency or organization you believe discriminated against you
- A brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated
- Any other relevant information
- Your signature and date of complaint
- The name of the person on whose behalf you are filing if you are filing a complaint for someone else

You may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed

If you mail a complaint, be sure to send it to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

You do not need to sign the complaint and consent forms when you submit them by email because submission by email represents your signature.

Language assistance services for OCR matters are available and provided free of charge. OCR services are accessible to persons with disabilities.

Filing Complaints with Other Agencies

If you have a complaint about housing, law enforcement, labor, education, or employment discrimination, OCR does not investigate these types of complaints. [Find out where to get help](#)

Civil Rights Information in Other Languages

- [中文 - Chinese](#)
- [한국어 - Korean](#)
- [Polski - Polish](#)
- [Русский - Russian](#)
- [Español - Spanish](#)
- [Tagalog \(Filipino\)](#)
- [Tiếng Việt - Vietnamese](#)

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