

**COMPLAINT AGAINST THE UNITED STATES CITIZENSHIP AND
IMMIGRATION SERVICES FOR VIOLATION OF SECTION 504 -
DISCRIMINATION ON THE BASIS OF DISABILITY**

Mail to: Department of Homeland Security
Mail Stop #0800
Office for Civil Rights and Civil Liberties
Washington, DC 20528

(District Director, USCIS District Office)

Director
U.S. Citizenship and Immigration Services
20 Massachusetts Avenue, NW
Washington, DC 20536

Complainant: _____
(Name of the person who was subjected to the discrimination)

Alien Registration Number: _____

Address: _____

Day Phone: _____

Evening or Message Phone: _____

Respondent: _____
(USCIS or person who you believe committed the discrimination)

Is the Complaint being sent by someone other than the person who was subjected to the
discrimination? _____ If yes, please fill in below:

Name: _____

Relationship: _____

Address: _____

Day Phone: _____ Evening/Message Phone: _____

Disability:

When did the discrimination happen?

What happened?

I swear under penalty of perjury that the foregoing is true and correct. Executed

_____ (date) in _____ (city), _____
(state).

(Signature)