Federal Coverup Intake Form

Please tell your story in an unbiased way and let the facts and evidence speak. People visiting the site will arrive at conclusions based upon the information you provide. Tell us what happened in the form below. It is important to note that only the information entered before you clicked "Next" will be saved. Be aware that the "Next" button will not work until you have completed all fields above the Next button that are marked by a red askterisk (*).

Provide Your Name: *					
First Name Last Name					
E-mail					
Race/Ethnicity					
■ White					
☐ Black/African American					
Hispanic or Latino					
Asian Americans					
■ Two or more races					
Native Americans and Alaskan Natives					
Native Hawaiians and other Pacific Islanders					
■ Middle Easterners and North Africans					
Provide a short creative headline for your story (See video on how to write a good story.) *					
Describe the general nature of your complaint: *					
Discrimination by State Government					
Discrimination by Local Government					
Employment Discrimination by Federal Government					
Contract Discrimination by Federal Government					
Other Type of Discrimination by a Federal Agency					
Discrimination by a Judicial Official					

complaint: *	ntifies more specifically the nature of your
▼	
Provide the number ass	signed to your case. *
Provide the date your c	ase was first filed. *
Month Day Ye	ar
Upload most important and spaces max).	pages from document you filed (2000 characters
Choose File No file chos	sen
List the judge, administ	trator, mediator, magistrate, etc., you deem was most
egregious in violating y	our rights: *
First Name Last Nar	ne
Provide the case number	er if different from the case listed above.
Trovide the case number	— all different from the case listed above.
Date the case was filed	
Date the case was med	·
Month Day Ye	ear
	court or administrative agency for which the judge,
administrator worked.	*
Street Address	
Oli cet Address	
Street Address Line 2	
City	State / Province
	Please Select ▼
Postal / Zip Code	Country

Upload a copy of the complaint or appeals document you filed before the judge.

Choose File No file chosen

In 250 words or less, explain the nature of your complaint in bulleted format.



In 300 words or less, explain why you considered specific acts to be a violation of your right to due process.



Upload document that serves as key evidence.

Choose File No file chosen

Explain why the document is relevant.

Upload second document that serves as key evidence (5,000 characters and spaces max).

Choose File No file chosen

Explain why the document is relevant.
Upload third document that serves as key evidence (5,000 characters and spaces max).
Choose File No file chosen
Explain why the document is relevant.

In 250 words or less, list acts of retaliation.



In 250 words or less, tell us where your matter currently stands.



In 250 words or less, tell people how they can help.

	Font Size	Font Family
Font Format.		
		0/250

By Signing below, you declare that all information you have provided is truthful and accurate. *

■ I agree to the terms and conditions govering use of FederalCoverup.com*

Enter the message as it's shown *



Submit Complaint

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