

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 asterisk (*).

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

Select the item that identifies more specifically the nature of your complaint: *

Provide the number assigned to your case. *

Provide the date your case was first filed. *

Month - Day - Year 

Upload most important pages from document you filed (2000 characters and spaces max).


Choose File No file chosen

List the judge, administrator, mediator, magistrate, etc., you deem was most egregious in violating your rights: *

First Name Last Name

Provide the case number if different from the case listed above.

Date the case was filed.

Month - Day - Year 

Provide address of the court or administrative agency for which the judge, administrator worked. *


Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select 

Country

