

involved, dates, location, and their involvement:

## Complaint Regarding United States Marshals Service (USMS) Personnel or Programs

\* Required Field

Your Name:	
Email Address:	
Phone Number:	
Other Number:	
Street Address:	
City:	
State:	
ZIP Code:	
County:	
* I certify that th	e information contained herein is true and correct to the best of my knowledge.
	ILS - Please provide a description of the facts and circumstances surrounding the such as the evidence forming the basis of this report, the names of the individuals

**Privacy Act Statement:** The USMS is authorized to collect this information from you pursuant to 28 C.F.R. § 0.111(n) and 28 C.F.R. § 0.113. The USMS will use the information you provide to investigate your complaint regarding USMS personnel and/or programs, and may contact you for more information. The information may be shared within the USMS, or to other components of the Department of Justice. In addition, the USMS may share the information with law enforcement agencies investigating a violation of law (whether criminal, civil, and/or administrative), or agencies implementing a statute, rule, or order. The contents of your complaint may be shared with Congressional offices. Additionally, the USMS may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide the requested information, but if you do not provide data in the fields listed, the USMS may not be able to properly address your complaint.

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