



How to File an Unfair Treatment Complaint Concerning an Administrative Law Judge (ALJ)

Social Security requires all employees, including ALJs, to treat members of the public, such as claimants, representatives, and witnesses, fairly and equally. Social Security employees may not treat you differently because of your race, ethnicity, color, sex, age, disability, religion, or for any other reason. Below, we tell you more about what you should do if you think an ALJ treated you unfairly.

What you should do if you think an ALJ treated you unfairly

If you think an ALJ treated you unfairly, you should tell us about it and ask us to look into it even if you don't plan to file an appeal. In general, you, your representative (such as your attorney or someone authorized to act on your behalf), and witnesses or other persons at the hearing may file a complaint in writing. Social Security must receive the complaint within 180 days of either the date of the action complained of, or the date you became aware of the conduct. You can ask us to look at an unfair treatment complaint even while we're deciding your claim for benefits.

How to file a complaint of unfair treatment by an ALJ

A complaint should fully describe what the ALJ did or said that you feel was unfair or inappropriate. Please give us the following information:

- Your name, telephone number, and the city and state where you live.
- If you're making the complaint for someone else, please give us your name, telephone number, and the city and state where you live. Also, provide the other person's name, the city and state where they live, and your relationship.
- The ALJ's actions or words that you think were unfair.
- When and where the alleged unfair treatment occurred.
- The name of any witness, their purpose at the hearing, and what they may have seen or heard of the treatment that you think was unfair.

Important information you need to know

Filing an unfair treatment complaint isn't the same as appealing an ALJ decision. If you received an ALJ decision on your claim, and you disagree with it, you have 60 days from the date you receive the decision letter to request an appeal. The ALJ's decision letter will explain how to file an appeal. You can also describe the alleged ALJ unfair treatment in your appeal. More information is available in our publication, *Your Right to Appeal the Decision Made on Your Claim* (Publication No. 05-10058).

Where to send your complaint

There are many ways to file your complaint. You can:

- Fax your complaint to the Division of Quality Service at Fax: (833) 769-0252.
- Call the toll-free SSA Customer Teleservice Center and tell them about your complaint. They will write it down for you and send it to the appropriate office. Call: **1-800-772-1213** (TTY **1-800-325-0778**), 8:00 a.m. to 7:00 p.m., Monday – Friday.
- Visit your local Social Security office and they will help you make your complaint. They will send it to the appropriate office.
- Mail your complaint to:
Social Security Administration
Office of Hearings Operations
Office of Executive Operations and Strategic Management
Attn: Division of Quality Service
6401 Security Boulevard
Baltimore, MD 21235
- Email your complaint to Fair.ALJ.Hearings@SSA.gov

***Special Instructions for emailing your complaint:**
Please keep in mind that email is not a secure means of communication with us. It is possible that information in your email can be intercepted and read by others outside of Social Security. Those third parties can use your information for purposes you did not intend. For this reason, please limit personal information about yourself and others when emailing

complaints to us. Do not include any Social Security numbers, home addresses, or other personally identifiable information. Do not include attachments. Please include only the minimal personal information necessary to explain your complaint.

Privacy Act Statement: Collection and Use of Personal Information

Please review the Privacy Act Statement in *HALLEX I-1-8-4.A.5* for information on the collection and use of personal information submitted. It is also available online at www.ssa.gov/OP_Home/hallex/I-01/I-1-8-4.html.

What you should do if you believe you were discriminated against in a Social Security program or activity

If you believe that a Social Security employee or representative took an action that was discriminatory, you may file a complaint. This discrimination may be based on race, religion, disability, language proficiency, age, sexual orientation, and gender identity. You may also file a complaint of program discrimination if you believe that our policies, practices, or activities are discriminatory.

In addition, you may file a complaint if you think a Social Security employee intimidated, threatened, harassed, coerced, or retaliated against you for filing a previous complaint. This complaint may allege discrimination or participation in any discrimination investigation. A complaint of program discrimination must be filed within 180 days of the action you believe was based on discrimination. If the action took place more than 180 days ago, you must explain why you waited to file the complaint. We will waive the 180-day requirement in cases where we believe there was good cause for the late filing. You may file your complaint by completing Form SSA-437-BK, available at www.ssa.gov/forms/ssa-437.pdf. If you write a letter instead of completing the form, the letter must include all the information requested by the form. You or your authorized representative must sign it. Incomplete information, or an unsigned form, will delay the processing of your complaint. You'll need to provide the following information:

- Your name, address, and telephone number.
- Your Social Security number.

- A description of the action(s) Social Security or our employee took that you believe was discriminatory, or a description of the policy, procedure, or practice that you believe is discriminatory.
- The names of any people involved in the action(s) and a description of what they did.
- When and where the discriminatory action(s) took place.
- The names and contact information of any people who witnessed the action(s).
- If you reported the discriminatory action(s).
- What action(s) you believe we should take to resolve your complaint.
- If you filed a complaint about this matter with any other agency or organization. If yes, identify the name and address of the agency or organization and the date when the complaint was filed.

If you need assistance filing your complaint, you may call us at (866) 574-0374. You should send the signed and dated discrimination complaint to:

Social Security Administration
Program Discrimination Complaint Adjudication
Office Room
617 Altmeyer Building
6401 Security Boulevard
Baltimore, MD 21235

What Social Security will do

We'll let you know that we received your complaint. Someone who hasn't been involved in handling your claim will review the information you give us in the complaint. You'll be advised when the matter is closed. If you also appealed the decision on your claim and included information about your complaint, the Appeals Council will address your complaint when responding to your appeal.



Securing today
and tomorrow