



How to File an Unfair Treatment Complaint Concerning an Administrative Law Judge

The Social Security Administration wants to treat all claimants and their representatives fairly and equally. We don't treat you differently because of your race, sex, age, disability, the amount of money you have, or for any other reason. Below, we tell you more about what you should do if you think the Administrative Law Judge (ALJ) who conducted your hearing treated you unfairly.

What you should do if you think you were treated unfairly

If you think any 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. You, your representative, or someone authorized to act on your behalf at the hearing may file a complaint. We must receive the complaint within 180 days of either the date of the action, 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

You should give us your complaint in writing, or you can tell us about your complaint and we'll write it down for you. Please give us as many details as you can, including:

- Your name, address, and telephone number;
- Your Social Security number;
- Who treated you unfairly;
- How you think you were unfairly treated;
- When you think you were unfairly treated;
- The actions or words you thought were unfair;
- Who else saw or heard the unfair treatment; and
- If you're making the complaint for someone else, also give us your relationship to that person, and your name, address, and telephone number.

A complaint should fully describe what the ALJ did and said that was unfair or inappropriate, in your opinion. You may think that the ALJ's decision was wrong, but the presence of an error in the ALJ's decision, by itself, doesn't mean that the ALJ was unfair or engaged in misconduct.

What you need to know

Filing an unfair treatment complaint isn't the same as appealing a decision. If you received a decision on your claim, and you don't agree with it, you have 60 days from the date you receive the decision letter to ask for an appeal. The ALJ's decision letter will explain how to file an appeal. You can describe the unfair treatment in your appeal. For more information, ask for *The Appeals Process* (Publication No. 05-10041), which also is available online at www.socialsecurity.gov/pubs/EN-05-10041.pdf.

Where to send your request

You can ask for help at any Social Security office to make your complaint. You also can write to:

Office of Hearings Operations
Division of Quality Service
Suites 1702/1703
5107 Leesburg Pike
Falls Church, VA 22041-3255

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

If you believe that any Social Security employee or representative took an action that discriminated against you on the basis of race, religion, disability, language proficiency, age, sexual orientation, and gender identity, you may file a complaint. You may also file a complaint of program discrimination if you believe that Social Security 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 alleging discrimination or participating 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. Social Security 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.socialsecurity.gov/online/ssa-437.pdf. If you write a letter instead of completing the form, the letter must include all of the information requested by the form, and 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 based on discrimination, 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 Social Security should take to resolve your complaint; and
- 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.

Contacting Social Security

The most convenient way to contact us anytime, anywhere is to visit www.socialsecurity.gov. There, you can: apply for benefits; open a *my* Social Security account, which you can use to review your *Social Security Statement*, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, and get a replacement SSA-1099/1042S; obtain valuable information; find publications; get answers to frequently asked questions; and much more.

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.



Securing today
and tomorrow

Social Security Administration
Publication No. 05-10071
August 2017

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Produced and published at U.S. taxpayer expense