

September 15, 2025

VIA CERTIFIED MAIL AND E-MAIL  
Office of the General Counsel  
U.S. Department of Homeland Security  
2707 Martin Luther King, Jr. Ave. SE  
Washington, DC 20528-0485  
[ogc@hq.dhs.gov](mailto:ogc@hq.dhs.gov)

Office of the Principal Legal Advisor  
Immigration and Customs Enforcement  
U.S. Department of Homeland Security  
500 12th Street SW  
Mail Stop 5900  
Washington, DC 20536-5900  
[OPLAServiceIntake@ice.dhs.gov](mailto:OPLAServiceIntake@ice.dhs.gov)

**Re: Notice of Claim for Damages under the Federal Tort Claims Act**

CAMPOS-FLORES, Kenia, A# [REDACTED]

Dear Sir or Madam:

Enclosed, please find an administrative claim under the Federal Tort Claims Act ("FTCA") against the United States government for the extreme suffering, severe pain and distress, and other harms inflicted upon Mx. Kenia Campos-Flores ("Kenia") as a result of physical abuse, sexual harassment, verbal abuse and retaliation by Immigration and Customs Enforcement ("ICE") at the South Louisiana ICE Processing Center ("SLIPC") in Basile, Louisiana. The U.S. government is responsible for the actions of its employees, including those employed by ICE, under the FTCA.

Sarah Decker, Staff Attorney with Robert F. Kennedy Human Rights, and the undersigned represent Kenia and serves this complaint on their behalf. Kenia seeks an award of damages to compensate for the harms they sustained in connection with the events related sexual, physical, and verbal abuse.

As described in detail in the enclosure, while detained under ICE's control, Kenia was repeatedly sexually harassed and forced to perform hard manual labor by ICE, resulting in the deterioration of their physical and mental health. This abuse caused Kenia significant physical and psychological harm.

ICE, ICE employees, ICE contractors, and other individuals and entities acting on behalf of the U.S. government knew or should have known that their acts, omissions, and conduct constituted

mistreatment, and inadequate care. Accordingly, ICE is responsible for the egregious treatment of Kenia.

Kenia submits this claim without the benefit of formal discovery and reserves the right to amend or supplement their claim. Please confirm receipt of this administrative claim and the contact information of the attorney who will be handling this matter.

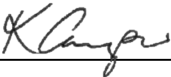
Sincerely,



Sarah Decker  
Sarah Gillman  
Robert F. Kennedy Human Rights  
1300 19<sup>th</sup> Street NW, Suite 750  
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<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:  U.S. Department of Homeland Security Immigration and Customs Enforcement Enforcement and Removal Operations			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.  Kenia CAMPOS-FLORES c/o Sarah Decker, Robert F. Kennedy Human Rights 1300 19th Street NW, Suite #750 Washington, DC 20036		
3. TYPE OF EMPLOYMENT  <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. DATE OF BIRTH  <div style="background-color: black; width: 100px; height: 20px;"></div>	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT  See attachment	7. TIME (A.M. OR P.M.)  See Attachment	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).  See Attachment					
<b>9. PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).  Not Applicable					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).  Not Applicable					
<b>10. PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.  See Attachment					
<b>11. WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
See Attachment		See Attachment			
<b>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
	5,000,000		5,000,000		
<b>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</b>					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  			13b. PHONE NUMBER OF PERSON SIGNING FORM  <div style="background-color: black; width: 100px; height: 20px;"></div>	14. DATE OF SIGNATURE  09/14/2025	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

**INSURANCE COVERAGE**

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

**INSTRUCTIONS**

**Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.**

**Complete all items - Insert the word NONE where applicable.**

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

**Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.**

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

**PRIVACY ACT NOTICE**

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

**PAPERWORK REDUCTION ACT NOTICE**

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

**Claim Authorization Form**

I, Kenia Campos-Flores, hereby authorize Sarah Decker at Robert F. Kennedy Human Rights to submit a claim under the Federal Tort Claims Act on behalf of myself to the U.S. Department of Homeland Security, including U.S. Immigration and Customs Enforcement, and any other government agency, seeking compensation for the unlawful actions of their employees or against me.

DATED: September 15, 2025

  
\_\_\_\_\_  
Kenia Campos-Flores

**1. Date and Day of Accident/Incident**

May 2024-November 2024

**2. Time (A.M. or P.M.)**

N/A, Multiple Incidents

**3. Basis of Claim**

**Factual Basis of FTCA Claim**

Kenia Campos-Flores (“Kenia”) is a native and citizen of El Salvador who identifies as a non-binary/transgender person. Kenia was taken into custody by the Department of Homeland Security (“DHS”), Immigration and Customs Enforcement (“ICE”) on or about April 12, 2024. They were continuously detained at the South Louisiana ICE Processing Center (“SLIPC”) in Basile, Louisiana until they were deported on or about November 29, 2024. SLIPC is an immigration detention facility that is operated through a contract between ICE and a private prison company, the GEO Group, Inc. (“GEO”).

**Forced Labor, Physical Abuse, and Sexual Abuse by Assistant Warden Reyes at SLIPC**

In May 2024, Kenia first encountered the Assistant Warden, Mr. Manuel Reyes (“AW Reyes”). AW Reyes approached Kenia about joining a “cleaning crew” to work an “off the books night shift program,” alongside other transgender people detained at SLIPC. That month, Kenia began to perform hard manual labor at the instruction of AW Reyes. The “shifts” occurred late at night, between the hours of 8:00 pm and 6:00 am. Unlike the other work programs at SLIPC, these work shifts were not recorded in a formal log book or shift schedule. AW Reyes approached transgender people and masculine-presenting LGBTQ+ people to participate in this “program.” Each person targeted by AW Reyes identified as transgender or LGBTQ+.

AW Reyes would enter the housing units and wake up Kenia and the others and bring them to do hard manual labor in various locations inside SLIPC. The “shifts” were randomized and Kenia and the others did not have a designated schedule. AW Reyes would compensate them for their labor at times by adding \$1/day or \$5/day into their commissary accounts. Other times, he would bring a trash bag full of commissary items and give them to Kenia and the others.

AW Reyes routinely entered the housing unit late at night, between two and three o’clock in the morning, while detained people were sleeping. He would walk around the unit while people were sleeping and take people’s used underwear and sanitary pads from the housing unit. AW Reyes also sexually harassed and assaulted the detained people he targeted for this “work program.” AW Reyes also began to sexually harass Kenia, making comments about their appearance and gender identity. When other people subjected to the work program filed complaints

against AW Reyes under the Prison Rape Elimination Act (“PREA”), he demanded that Kenia “find out who reported me.” When Kenia refused, he said “Watch out, we are watching you.”

AW Reyes required Kenia and others to perform hard manual labor, including painting and buffing floors, without any personal protective equipment, resulting in significant health risks and physical injuries. Despite repeated requests, Kenia and others were denied access to gloves, face shields, and steel-toed boots. In response to these requests, AW Reyes would say: “What, you aren’t strong enough?” Kenia and others were forced to perform this labor while exposed to harsh chemicals, equipment, and dangerous conditions. Kenia and others routinely experienced burning eyes and nostrils and chest pain after inhaling industrial strength cleaning chemicals without personal protective equipment. Kenia was subjected to AW Reyes’ work program until approximately July 2024, when upon information and belief, AW Reyes left his position at SLIPC.

On or about November 29, 2024, Kenia was deported to El Salvador. They continue to suffer ongoing emotional distress from their mistreatment and abuse by AW Reyes.

### **Legal Basis of FTCA Claim**

#### **A. Negligence, Gross Negligence and Recklessness**

ICE had a duty to maintain safe conditions for Kenia. ICE breached its duties by failing to ensure safe, and humane conditions. As a direct and proximate result of ICE’s negligent, grossly negligent, and reckless acts, omissions, and conduct, Kenia was subjected to months of suffering without access to adequate supervision to ensure their safety and wellbeing. ICE’s negligence, gross negligence, and recklessness caused Kenia to suffer extreme and extended physical, mental, and emotional pain and distress.

#### **B. Negligence Per Se**

ICE had a duty to ensure that those detained received adequate care and supervision that adhered to standards. ICE breached its duty by failing to meet these standards. As a direct and proximate result, Kenia suffered extreme and extended physical, mental, and emotional pain and distress.

#### **C. Negligent Supervision**

ICE had a duty to prevent its employees or agents from causing physical harm to a third party. ICE breached its duty by failing to ensure safe, humane, and sanitary conditions when Kenia was in their custody. As a direct and proximate result of ICE’s acts, omissions, and conduct, Kenia was subjected to physical abuse and threats and retaliation. ICE’s negligence and gross negligence caused Kenia to suffer extreme physical, mental, and emotional pain and distress.

#### **D. Intentional Infliction of Emotional Distress**

ICE is responsible for intentional or reckless conduct that was extremely outrageous and caused severe emotional distress to Kenia.

#### **E. Intentional Infliction of Physical Harm**

ICE is responsible for conduct that caused a physical impact on Kenia that caused physical injury, and the injury caused Kenia mental suffering or emotional distress. ICE's acts, omissions, and conduct directly resulted in severe physical pain and suffering to Kenia.

#### **F. Other Causes of Action**

This is not intended to be an exhaustive list of possible causes of action, including attorneys' fees, *Bivens* claims, violations of 42 U.S.C. §§ 1983 and 1985, violations of 18 U.S.C. § 242, violations of Section 504 of the Rehabilitation Act, violations of the Fifth Amendment Due Process Clause, and violations of the Convention Against Torture. Kenia reserves the right to assert these and other claims in an appropriate forum at an appropriate time, to the extent not already asserted.

#### **11. Witnesses**

Other individuals who were detained at SLIPC between May 2024 and November 2024 are witnesses to these incidents. Some individuals working at SLIPC between April 2024 and November 2024 are witnesses to these incidents. Upon information and belief, some of the incidents described above were captured by stationary security cameras at SLIPC and video footage exists to substantiate these claims of abuse.

#### **13B. Phone Number of Person Signing the Form**

Sarah Decker, [REDACTED]