



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

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

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

GARCIA-VALENZUELA, Maria Luisa ("Mario"), 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. Maria Luisa Garcia-Valenzuela ("Mario") as a result of sexual abuse, physical abuse, verbal abuse, retaliation, medical neglect, and inhumane use of solitary confinement 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 Mario and serve this complaint on his behalf. Mario seeks an award of damages to compensate for the harms he sustained in connection with the medical negligence and events related to inhumane use of solitary confinement and other forms of sexual, physical, and verbal abuse.

As described in detail in the enclosure, while detained under ICE's control, Mario was repeatedly sexually abused and forced to perform hard manual labor by ICE, resulting in the deterioration of his physical and mental health. As punishment for his self-advocacy and the multiple grievances and complaints he filed, ICE subjected Mario to retaliatory and inhumane solitary confinement, physical and verbal abuse, and sexual abuse. This abuse caused Mario 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, inadequate care, and gross medical negligence. Accordingly, ICE is responsible for the egregious treatment of Mario.

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

Sincerely,



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CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: 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. Maria Luisa ("Mario") GARCIA-VALENZUELA 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					
9. PROPERTY DAMAGE					
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					
10. PERSONAL INJURY/WRONGFUL DEATH					
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					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
See Attachment		See Attachment			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
		5,000,000		12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
				5,000,000	
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.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). <i>Garcia Valenzuela Maria Luisa</i>			13b. PHONE NUMBER OF PERSON SIGNING FORM <div style="background-color: black; width: 100px; height: 20px;"></div>		14. DATE OF SIGNATURE 09/14/2025
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM 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).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS 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, Maria Luisa (“Mario”) Garcia-Valenzuela, 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

Garcia Valenzuela Maria Luisa
Maria Luisa (“Mario”) Garcia Valenzuela

1. Date and Day of Accident/Incident

February 2024 - September 2025

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

N/A, Multiple Incidents

3. Basis of Claim

Factual Basis of FTCA Claim

Maria Luisa Garcia-Valenzuela (“Mario”) is a native and citizen of Mexico who identifies as a transgender man. Mario was taken into custody by the Department of Homeland Security (“DHS”), Immigration and Customs Enforcement (“ICE”) on or about February 23, 2024. Since that date, he has been detained continuously at the South Louisiana ICE Processing Center (“SLIPC”) in Basile, Louisiana. SLIPC is an immigration detention facility that is operated through a contract between ICE and a private prison company, the GEO Group, Inc. (“GEO”).

Mario was diagnosed with epilepsy in 2017 and takes daily medications to control his seizures. In Mexico, Mario was severely injured after he was kidnapped and his assailants attempted to cut off his left hand, leaving it partially detached down to the bone. As a result, Mario has mobility issues and nerve damage in his left hand, requiring surgical intervention and physical therapy.

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

In February 2024, Mario first encountered the Assistant Warden, Mr. Manuel Reyes (“AW Reyes”), who requested that he join a “cleaning crew” to work an “off the books night shift program.” Mario was aware that other detained transgender people in his unit worked for AW Reyes in this program. Beginning on or about February 7, 2024, Mario 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 Mario and the others and bring them to do hard manual labor in various locations inside SLIPC. The “shifts” were randomized and Mario and the others did not have a designated schedule. AW Reyes would compensate them for their labor at times by adding \$1/day into their commissary accounts. Other times, he would bring a trash bag full of commissary items and give them to Mario and the others.

AW Reyes required Mario and others to perform hard manual labor without any personal protective equipment, resulting in significant health risks and physical injuries. Despite repeated requests, Mario and others were denied access to gloves, face shields, and steel-toed boots. In response to these requests, AW Reyes would tell Mario: “Aren’t you a man? Can’t you do manly work?” Mario and others were forced to perform this labor while exposed to harsh chemicals, equipment, and dangerous conditions. Mario and others routinely experienced burning eyes and nostrils and chest pain after inhaling industrial strength cleaning chemicals without personal protective equipment. AW Reyes would frequently instruct Mario to move heavy cabinets and cinder blocks across the room. When Mario moved these things, AW Reyes would instruct him to move them back. When Mario communicated his concerns about these conditions, AW Reyes responded: “If you think you are a man, I’m going to treat you like a man.”

AW Reyes also sexually harassed and assaulted the detained people he targeted for this “work program.” Mario witnessed AW Reyes sexually abuse at least two other detained people, engaging in forced sexual intercourse in SLIPC. AW Reyes and other officers at SLIPC also consistently deadnamed Mario, calling him “Maria! Maria!” on a near-daily basis. Mario experienced severe psychological distress as a result of this harassment, including suicidal ideation. He was placed in solitary confinement, in an administrative segregation “suicide watch” cell on at least two occasions.

In response, Mario filed a complaint with ICE under the Prison Rape Elimination Act (“PREA”). He had an interview with a PREA officer at SLIPC, where he described the abuse by AW Reyes and expressed that he felt sexually harassed on the basis of his gender identity. He requested that his transgender marker be removed from ICE and SLIPC’s records. The PREA officer responded “even if we take off your transgender marker, there is no hiding that you are transgender,” referring to Mario’s physical appearance. No additional action was taken by ICE.

Retaliation and Placement in Solitary Confinement by SLIPC Officials

On or about April 17, 2024, Mario was placed in a solitary confinement cell after having a minor verbal altercation with another detained person in the housing unit and sentenced to 14 days in segregation. The other person received no disciplinary segregation. Another transgender person in his dorm who also filed grievances against AW Reyes was also placed in solitary confinement on this date. AW Reyes instructed the officers to keep Mario separated from the other detained transgender person who reported his misconduct.

After he was released from solitary confinement, on or about May 2, 2024, Mario attempted to report AW Reyes’ abuse to the Warden, but AW Reyes refused to allow Mario to speak to the Warden. AW Reyes then instructed officers to handcuff Mario and take him to back a solitary confinement cell. At the direction of AW Reyes, an officer at SLIPC, upon information and belief, “Officer Tichy,” approached Mario in the Bravo hallway and instructed him that he was going to solitary confinement. A group of approximately five officers then surrounded Mario, threw him to the ground, handcuffed him, and slammed his face against the floor.

While they transported Mario to the cell, one officer grabbed Mario's left wrist—which he had recently had surgery to repair—and tightly squeezed the bone, causing Mario excruciating pain. The officers laughed and mocked Mario's screams. The officer then tightened the handcuffs on Mario's wrists, causing severe pain. After this incident, Mario's wrists were bruised and swollen. He began to experience suicidal ideation and was placed on suicide watch in segregation. The officers forcefully stripped him naked and mocked his body. Afterwards, AW Reyes went to the solitary confinement unit where Mario was being held and asked Mario in a threatening manner, "Do you like me, Mario?"

Mario was subjected to an additional five days of solitary confinement. After this placement in solitary confinement, Mario filed a written report to ICE describing the retaliation and physical abuse. Mario stopped participating in AW Reyes' "work program." Approximately seven days after the incident, Mario was taken to the medical unit and received an x-ray of his wrist, but never received the x-ray results or any additional medical information.

Upon information and belief, AW Reyes left his position at SLIPC in July 2024. On or about August 6, 2024, agents from the Federal Bureau of Investigation ("FBI") interviewed Mario and others at SLIPC. Mario disclosed the sexual harassment and physical abuse by AW Reyes to the FBI agents. On or about August 27, 2024, Mario was interviewed by ICE officials conducting an audit of SLIPC. Mario disclosed the sexual harassment and physical abuse by AW Reyes to auditors. Following his disclosure of the abuse to these entities, SLIPC officials targeted Mario for searches and baseless disciplinary write ups. Mario filed grievances reported this retaliation and filed verbal reports using the OIG phone hotline. He received no additional response following these reports.

As of the date of this filing, Mario remains detained at SLIPC. He continues to suffer ongoing emotional distress from his mistreatment and abuse by AW Reyes and other officials at the facility.

Legal Basis of FTCA Claim

A. Assault and Battery

ICE is responsible for intentional conduct involving the use of physical violence, which constitutes battery. Assault is an attempt to commit a battery, or the intentional placing of another in reasonable apprehension of receiving a battery.

B. Medical Negligence

ICE had a duty to ensure adequate medical care. As a direct and proximate result of the inadequate, substandard medical testing, treatment, and supervision provided by physicians and other health care providers employed by and/or agents of ICE, Mario suffered extreme physical, mental, and emotional pain and distress.

C. Negligence, Gross Negligence and Recklessness

ICE had a duty to maintain safe conditions for Mario. ICE also had a duty to ensure that those detained received adequate medical care. 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, Mario was subjected to months of suffering without access to medical care or adequate supervision to ensure his safety and wellbeing. ICE's negligence, gross negligence, and recklessness caused Mario to suffer extreme and extended physical, mental, and emotional pain and distress.

D. 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, Mario suffered extreme and extended physical, mental, and emotional pain and distress.

E. 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 Mario was in their custody. As a direct and proximate result of ICE's acts, omissions, and conduct, Mario was subjected to sexual abuse, physical abuse, medical neglect, threats and retaliation, and the inhumane use of solitary confinement. ICE's negligence and gross negligence caused Mario to suffer extreme physical, mental, and emotional pain and distress.

F. Intentional Infliction of Emotional Distress

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

G. Intentional Infliction of Physical Harm

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

H. 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. Mario 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 February 2024 and September 2025 are witnesses to these incidents. Some individuals working at SLIPC between February 2024 and August 2025 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, 