



ACLU/EM COMPLAINT FORM

DATE: _____

YOUR INFORMATION:

Name:

Address:

City, St., Zip

Home Phone:

Work Phone:

If complainant is not about you, what is your relationship to complainant:

DESCRIPTION OF INCIDENT/COMPLAINT

Date of incident:

Location:

Name of agency:

Do you have an attorney?:

Your attorney's name/number:

Nature of Complaint: Describe your problem. What happened? (use additional sheet if needed)

How do you believe your rights were violated?

Did you ask for an explanation? _____ From Whom? What explanation was given?

What steps have you taken to resolve the problem?(i.e., have you filed an appeal, grievance or complaint with the parties involved or with any public agency, official or other organization?)

Where does the matter stand? Did you receive a response? What was the response?

What documentation do you have on the matter?

Have you filed a lawsuit? If so, in what court? What is the status?

Are there any time constraints in your case?

STAFF USE ONLY

INTAKE COUNSELOR:	DATE REVIEWED
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NATURE OF COMPLAINT:

<input type="checkbox"/> CR – Criminal Law	<input type="checkbox"/> HO – Housing	<input type="checkbox"/> PR – Privacy/Technology
<input type="checkbox"/> DS – Discrimination	<input type="checkbox"/> LG – LGBT	<input type="checkbox"/> RJ – Race/racial justice
<input type="checkbox"/> DI – Disability	<input type="checkbox"/> NS – National Security	<input type="checkbox"/> RI – Religious Issue
<input type="checkbox"/> EM – Employment	<input type="checkbox"/> NC – Not Civil Liberties	<input type="checkbox"/> SR – Student Rights/youth
<input type="checkbox"/> FA – First amendment/speech	<input type="checkbox"/> PM – Police Misconduct	<input type="checkbox"/> PV – Poverty
<input type="checkbox"/> HA – HIV/AIDS	<input type="checkbox"/> PC – Prison Conditions	<input type="checkbox"/> WM – Women

RECOMMENDED RESPONSE:

FOLLOW UP NEEDED:

**Send completed form to: ACLU/EM, Attn: Intake
454 Whittier Street, St. Louis, Missouri 63108**