

Date: _____

NOTE: The most efficient way to file a complaint is via: <u>http://www.aclu-mo.org/your-rights/file-a-complaint/</u>

YOUR INFORMATION:			
Name:			
Address:			
City, St., Zip			
Phone(s) (and type – home/cell/work):		Email:	
If complaint is not about you, what is your relationship to complainant:			
BRIEF SUMMARY OF INCIDENT/COMPLAINT			
Date of incident:		Location of incident:	
Name of individual and/or entity that you believe violated your rights:			
Traine of marviadar and/of entity mar you beneve violated your rights.			
Do you have an attorney?: Your attorney's na		name/number:	
Description of incident: Describe your problem. What happened? (use additional sheet if needed)			
How do you believe your rights were violated?			
Did you only for an applanation? Exam W/ham? W/hat applanation was siver?			
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?)				
with the parties involved of with any public agency, official of 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?				
Optional: For demographic analysis purposes only, please indicate here if you have ever served in the U.S.				
Military - Yes \Box or No \Box ; If so, what branch of service?; Dates?				
STAFF USE ONLY				
INTAKE COUNSELOR:	DATE REVIEWED			
NATURE OF COMPLAINT:				
CR – Criminal Law HO – Housing DS – Discrimination LG – LGBT	PR – Privacy/Technology RJ– Race/racial justice			
DI – Disability NS – National Securi	ity RI – Religious Issue			
EM – Employment NC – Not Civil Libertin				
HA – HIV/AIDSPC+ Prison Condition				

RECOMMENDED RESPONSE:

FOLLOW UP NEEDED: