



American Civil Liberties Union of Indiana

INFORMATION AND COMPLAINT FORM INSTRUCTIONS

Thank you for contacting the American Civil Liberties Union of Indiana. Enclosed is the complaint form you requested. Generally, our limited staff and financial resources prevent us from conducting office interviews; therefore, we ask that you submit all information in writing. Please read carefully both sides of the enclosed form before completing and returning it to our office. The person who is being harmed by the facts alleged in the complaint must be the one who authorizes the request for our assistance by signing and dating the complaint on the reverse side. Please type or print the information requested and if any documents are important to your complaint, please attach photocopies (not the originals) to this complaint form.

The ACLU of Indiana promotes, protects and defends civil liberties through litigation, advocacy and education. The ACLU of Indiana is a private organization which seeks to preserve and extend certain constitutional principles, most of which are found in the Bill of Rights. The Constitution authorizes and limits governmental actions and thus for the ACLU of Indiana to become involved in your complaint there must be some governmental action about which you complain. The "government" is a broad term that includes anything from the President of the United States to a local public school or municipal employee.

The ACLU of Indiana has limited resources and cannot accept most of the hundreds of potential cases presented to us each month. We therefore pursue litigation that will have the greatest impact and help the greatest number of people.

Your completed complaint will be submitted to the ACLU of Indiana Legal Director to determine if we can assist you. This process should take six (6) to eight (8) weeks. **It must be emphasized that the filing of a complaint only begins the evaluation process, and the ACLU of Indiana is not representing you at this time.** If any emergency or other time constraint exists, you should contact private legal counsel. You should also be sure to comply with any deadlines for filing an action or otherwise protecting your interest.

Please note that the material you submit will be held for a period of ten (10) years and then will be destroyed.

MAIL TO:

AMERICAN CIVIL LIBERTIES UNION OF INDIANA (ACLU-IN)
1031 E. Washington St.
Indianapolis, IN 46202
(317) 635-4059

COMPLAINT FORM

COMPLAINANT INFORMATION - My Name Is:

Name (Last) _____ (First) _____ (Middle) _____

Street Address _____ City _____

County of Residence _____ Zip _____ State _____

Phone (Day) _____ (Evening) _____

RESPONDENT(S) INFORMATION - My complaint is against:

Have you filed a complaint with any other agencies? () Yes () No. If yes, please describe and include dates.

Are you represented by an attorney in this matter? () Yes () No. May we contact this attorney? () Yes () No.

If yes, please provide the following information:

Name _____

Street Address _____ City _____ State _____

Zip _____ County _____ Phone _____

Has a criminal or civil lawsuit been filed against you or on your behalf? () Yes () No. If yes, please provide:

Case Title _____ Case Number _____ Date of Filing _____

Court _____ Judge _____

Opposing Counsel _____

Current status of case _____

Are you aware of any time limitations or deadlines in your case? () Yes () No. If so, please explain:

COMPLETE DESCRIPTION OF COMPLAINT (Please type or print legibly)

Describe in DETAIL the events that led you to file this complaint. If there is not sufficient space, please attach additional pages. **Important:** Please attach photocopies (not the originals) of any documents important to your complaint.

I hereby certify that I have read all information contained in this complaint and that the information I have given is accurate and complete to the best of my knowledge and belief. **I understand that by accepting this complaint the ACLU-IN is not undertaking legal representation of me.** I hereby authorize the ACLU-IN to use this information in any manner that it deems necessary.

SIGNATURE: _____ DATE: _____