



American Civil Liberties Union of Indiana

## INFORMATION AND COMPLAINT FORM INSTRUCTIONS

Thank you for contacting the American Civil Liberties Union of Indiana (ACLU-IN). 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. If an attorney is already representing the complainant, please have the attorney complete this request for our assistance. 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-IN 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-IN to become involved in your complaint there must be some governmental action about which you complain. The "government" is a broad term which includes anything from the President of the United States to a local school or municipal employee.

The ACLU-IN functions through the modes of community education, legislative action and litigation. When the ACLU-IN does take a civil case, which is not often, it must present a significant constitutional issue, and research must show that we would have a favorable chance of winning, and thus setting a good precedent in the law.

Your completed complaint will be submitted to the ACLU-IN Legal Screening Committee. The screening committee, composed of volunteer lawyers and laypersons, will evaluate your complaint to decide whether it raises a significant constitutional issue appropriate for consideration by the ACLU-IN. 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-IN 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.

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 the following:

(If more than one respondent, provide this information on an attached sheet of paper.)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Company or Agency \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

County of Residence \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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