

COMPLAINT FORM
ACLU OF OKLAHOMA
3000 Paseo Drive, Oklahoma City, OK 73103
(405) 524-8511

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

NATURE OF COMPLAINT:

<input type="checkbox"/> Freedom of Speech, Press and/or Assembly	<input type="checkbox"/> Due Process	<input type="checkbox"/> Right to a Lawyer
<input type="checkbox"/> Freedom of Religion	<input type="checkbox"/> Church/State	<input type="checkbox"/> Privacy
<input type="checkbox"/> Student Rights or Academic Freedom	<input type="checkbox"/> Military Issues	
<input type="checkbox"/> Equal Protection based on:	<input type="checkbox"/> Gender	<input type="checkbox"/> Race
	<input type="checkbox"/> National Origin	<input type="checkbox"/> Immigrant Status
	<input type="checkbox"/> Prison Reform	<input type="checkbox"/> Police Misconduct
	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Sexual Orientation
		<input type="checkbox"/> Age
		<input type="checkbox"/> Mental Health

COMPLAINT AGAINST: (Specify name, address, phone, official title or agency, if any) _____

MAY WE CONTACT THIS PERSON OR AGENCY? (Circle one) Yes No

DESCRIPTION: (Describe situation surrounding complaint. Be specific, if possible, including names, dates, etc.). Use back of sheet or additional pages if needed. **DO NOT SEND ORIGINAL DOCUMENTS IN SUPPORT OF COMPLAINT. ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE ACLU OF OKLAHOMA AND WILL NOT BE RETURNED.**

WITNESSES: (Supply name, address, and phone number of each) _____

EVIDENCE: (Describe and attach copies, NOT ORIGINALS, of documentation available) _____

HAVE YOU: (Please circle one, give details if possible)

Yes	No	Filed complaint with another agency or court?	Where: _____
Yes	No	Obtained representation by an attorney?	Who: _____
Yes	No	Become aware of time limitations in your case?	When: _____