Case Questionnaire Form

Mail to: ACLU Foundation of Wisconsin

207 E. Buffalo St. Suite 325

Milwaukee, WI 53202-5774

FOR ACLU USE ONLY:

Type of Complaint: Recommendation: Disposition/Date:

IMPORTANT: Before completing, please read the **entire form** carefully. TYPE or PRINT CLEARLY. Sign and date the last page.

Complainant Information			
Name: Last	First	M.I	_
Address:			
City:	State: ZIP:	_	
Day Phone: ()	Night Phone: ()_	Email:	
Respondent Information .	My complaint is against the following	ng:	
Name: Last	First	M.I	_
Company/Government Ager	ncy (if applicable):		
Address:			
City:	State: ZIP:		
Phone: ()	Fax: ()		
Date of Act giving rise to this	s complaint:		
May we contact this person	? Yes No		
If more than one responden	t, please provide the information or	n a separate sheet.	
Have you filed a complain	t with any other agencies?Y	′es No	
If yes, please describe and i	include dates:		
Are you represented by ar	n attorney in this matter? Ye	es No	
If yes, Attorney's Name: Las	ot	First	M.I
Address:			
City:	State: ZIP:		
Phone: ()	Fax: ()		

Has a criminal or civil lawsuit be	en filed against you or on your b	ehalf? Yes No
If yes, Case Title:	Case Number:	Date Filed:
Court:	Judge:	
Opposing Attorney:	Current Status of C	Case:
Description of Complaint: Pleas	e type or print clearly	
Describe the events that led you to page to complete your explanation ACLU is not responsible for the ma	o file this complaint. If there is not s . DO NOT SEND ORIGINALS OR aintenance or return or any docume	ufficient space, please attach an additional ADDITIONAL DOCUMENTATION. The ntation we receive. at was said or done to you or to the hurt
person.		
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Are you willing to serve as a plaintiff in litigation if needed? Yes No				
I hereby certify that I have read the information contained in this complaint form				
and that all of 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 is not responsible				
for ensuring that any statute of limitations or prescriptive period is met in my case.				
I hereby authorize the ACLU to use this information in any manner it deems necessary.				
SIGNATURE: DATE:				
SIGNATURE: DATE: (signed)				
(printed)				
(Printed)				