

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:

Name: Last _____ First _____ M.I. _____

Company/Government Agency (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

Date of Act giving rise to this complaint: _____

May we contact this person? _____ Yes _____ No

If more than one respondent, please provide the information on a separate sheet.

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

If yes, Attorney's Name: Last _____ First _____ M.I. _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

