

**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:

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

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

MAY WE CONTACT THIS PERSON OR AGENCY? Yes No

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

WITNESSES: (Give name, address, and phone number.)

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: _____