



The American Civil Liberties Union of Mississippi
P.O. Box 2242 Jackson MS 39225
Phone:(601)355-6464 Fax:(601)355-6465
Email: office@msaclu.org Website: www.msaclu.org

General Complaint Form

(Please print or type clearly)

Contact Info:

Your Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Email: _____

Complaint Info:

Victim's Name: _____ Date of Birth: ___/___/___ Relation to Victim: _____

Complaint Against: Company/Government Agency: _____

Complaint Against: Individual Name(s): _____

Address: _____ City: _____ State: MS Zip: _____
Phone: _____ May we contact this person? Yes___ No___

Nature of Complaint: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Capital Punishment | <input type="checkbox"/> Freedom of Religion | <input type="checkbox"/> Student Rights |
| <input type="checkbox"/> Church and State | <input type="checkbox"/> Freedom of Speech | <input type="checkbox"/> Search and Seizure |
| <input type="checkbox"/> Court-Judicial Misconduct | <input type="checkbox"/> Freedom of the Press | <input type="checkbox"/> Tenant's Rights |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Immigration | <input type="checkbox"/> Voting Rights |
| <input type="checkbox"/> Cruel & Unusual Punishment | <input type="checkbox"/> Parole/Probation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Curfew | <input type="checkbox"/> Police Misconduct | |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Racial Profiling | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Brutality | |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Prison | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Abuse | |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Condition | |
| <input type="checkbox"/> Race | <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Privacy | |
| <input type="checkbox"/> Due Process | <input type="checkbox"/> Reproductive Freedom | |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Abortion | |
| <input type="checkbox"/> Private | <input type="checkbox"/> Birth Control/Contraception | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Parental Rights/The Right to Parent | |
| <input type="checkbox"/> Equal Protection | <input type="checkbox"/> Sex Education | |
| <input type="checkbox"/> Freedom of Association | | |

Questions:

Have you filed a complaint with another organization or agency? Yes No
If so, what is the status of your complaint?

Have you consulted an attorney? Yes No
If so, please provide the following information:

Name: _____
Address: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

What action, if any, is the attorney taking?

May we contact the attorney? Yes No

Have you done anything on your own to try and address this problem? Yes No
If yes, describe your efforts:

What would you like the ACLU to do for you?

Are you willing to be a Plaintiff in Litigation? Yes No

Evidence:

Attach copies of documentation such as letters form government officials, relevant laws and policies, etc. If you send documents, please DO NOT send the Originals. Send only photocopies of documents. The ACLU of Mississippi cannot be responsible for returning documents.

I certify that I have read the information contained in this complaint and that all information I have given is accurate and complete to the best of m knowledge and belief. I understand that by accepting this complaint, the ACLU of Mississippi is NOT representing me and that the ACLU is NOT responsible for meeting any deadlines or statute of limitation. I hereby authorize the ACLU to use this information in any manner it deems necessary.

Signature: _____

Date: _____