

**American Civil Liberties Union (ACLU) of Vermont
COMPLAINT FORM**

Your Name: _____

Mailing Address: _____
Street address Town/City State Zip

Evening phone (if OK to call there): _____ Daytime phone (if OK to call there): _____

Email: _____

1. Summarize the event or the action that you consider a violation of your civil liberties - in other words, *what happened to you*, including dates, places, and the names of the people directly involved. Do not leave this space blank, and do not simply refer us to other documents. Continue on another sheet of paper if you need to. If you wish, you may include copies (no originals) of documents or papers that are really essential to understanding your complaint. **Do not send us anything that is irreplaceable:** we digitally scan all documents that are sent to our office and shred the paper, in order to save space. This means that you should not send original photos, notarized documents, negotiable instruments, property deeds, vital records, cash, money orders, cashier's checks, or any other item that you might need in the future in original form – the best that we will be able to do is return a printout of the scanned document. If you think that an irreplaceable item would help us to understand your complaint, send us a copy of it instead of the original.

2. Did anyone give you an explanation for what happened? If so, what was it?

3. If you have *your own*, different explanation for what happened, tell us what it is.

If you believe you were discriminated against, please detail for us those **specific** facts that show it was **race, religion, gender, age, disability status, or sexual orientation**, that **caused** what was done to you or denied to you. We need more than statements such as "I was singled out because I was [for example] Latino." If someone said something **specific and insulting** about your race, gender, age, disability status, or sexual orientation, or if you were denied access as a person with a disability, do your best to recall the words used and by whom. If you think that people like you (say, the same race, religion, etc.) are being **singled out** for unfavorable treatment, explain that history to us; give us what you know and can remember.

(Over)

4. What would you like ACLU to do for you?

5. Have you done anything on your own to try to solve the problem (such as filed an appeal, complained to the agency involved, written a public official, contacted another organization)? If so, please provide name(s), address(es) and phone number(s) of agency or organization(s), and name of person(s) you contacted. What happened?

6. Have you consulted an attorney on this matter? Yes___ No___.
If so, can we get in touch with her/him for more information? Yes___ No___.

Name, address and phone number of attorney consulted:

7. All complaints received by ACLU are kept confidential. However, in the process of reviewing your complaint, the information you give here may be disclosed to ACLU staff, legal advisors, and Board of Directors. You should understand that in the process of investigating your claim, your name and/or the nature of your complaint may also need to be disclosed to those directly involved. If this limited disclosure would jeopardize your claim in any way, please list the reason(s) why:

8. Please sign and date this Complaint Form:

Your signature

Today's date

Please Return By Mail To: ACLU-VT, 137 Elm St., Montpelier, VT 05602