

ACLU of Arkansas Complaint Form
904 W. Second Street, Suite One – Little Rock, AR 72201

*Please mail this form to the above address – you will receive a written or oral response usually within one month. There is no guarantee the ACLU will take your case. If there are deadlines, hearing dates, etc., please tell us, and take our review period into consideration when deciding what to do. Please also see enclosed list of referrals. **WE WILL NOT RETURN DOCUMENTS SENT TO US – DO NOT SEND ORIGINALS!***

The person who feels his or her rights have been violated (Complainant):

NAME: _____ AGE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

Have you hired an attorney? (Circle one) YES NO

ATTORNEY'S NAME: _____

ATTORNEY'S ADDRESS: _____

ATTORNEY'S PHONE NUMBER: _____

The person making this complaint if other than the Complainant (above):

NAME: _____ AGE: _____

RELATION TO CLIENT: _____

HOME PHONE: _____ WORK PHONE: _____

The person or agency you want to complain against:

NAME: _____

TITLE, PHONE NUMBER: _____

OTHER NAME: _____

TITLE, PHONE NUMBER: _____

PRIVATE AGENCY: _____

GOVERNMENT AGENCY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF THE ACTION WHICH IS THE REASON FOR YOUR COMPLAINT: _____

May we contact this person/agency? (Circle one) YES NO

(WRITE DESCRIPTION OF PROBLEM ON BACK)

