

**SANTA CLARA VALLEY CHAPTER
OF THE
AMERICAN CIVIL LIBERTIES UNION**

CIVIL LIBERTIES COMPLAINT FORM

TODAY'S DATE: _____

YOUR NAME: _____

YOUR PHONE NUMBER(S): _____

YOUR PHYSICAL ADDRESS: _____

YOUR E-MAIL ADDRESS: _____

NAME, ADDRESS, BADGE #, AGENCY NAME, AND OTHER CONTACT INFORMATION OF THE PARTIES ABOUT WHOM YOU ARE COMPLAINING:

HAVE YOU FILED A COMPLAINT IN THIS MATTER? _____

IF SO, PLEASE ATTACH A COPY OF THE COMPLAINT AND ANY RESPONSES TO THE COMPLAINT.

IF APPLICABLE, PLEASE PROVIDE THE REPORT #/CITATION #: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY? _____

NAMES AND CONTACT INFORMATION OF ALL KNOWN WITNESSES TO THE INCIDENT:

SPECIFIC CIVIL LIBERTIES ISSUES INVOLVED IN YOUR CASE:

DESCRIPTION OF THE INCIDENT IN WHICH YOU ARE COMPLAINING:

