



ACLU of Virginia Intake Form

Please complete all items marked with an asterisk (*), then fax the completed form to 804.649.2733 or mail it to the ACLU of Virginia at 701 E. Franklin St., Ste. 1412, Richmond, VA 23219.

Your Contact Information

*Name: _____

Email Address: _____

*Street Address: _____

Street Address 2: _____

*City : _____ *State: _____ *Zip Code: _____

*Locality : _____

*Phone Number: _____

Complaint Information

*Complaint Issue: (Please check only one complaint issue)

- | | |
|----------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Criminal Case | <input type="checkbox"/> Poverty/Low-Income Issues |
| <input type="checkbox"/> Consumer Affairs | <input type="checkbox"/> Privacy Rights |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Discrimination: Employment | <input type="checkbox"/> Racial Justice/Discrimination |
| <input type="checkbox"/> Discrimination: Fair Housing | <input type="checkbox"/> Racial Profiling |
| <input type="checkbox"/> Discrimination: Government | <input type="checkbox"/> Religious Liberty |
| <input type="checkbox"/> Discrimination: Public Accommodations | <input type="checkbox"/> Reproductive Rights |
| <input type="checkbox"/> Due Process | <input type="checkbox"/> Search & Seizure Issues |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Senior Citizens/Elderly Issues |
| <input type="checkbox"/> Free Speech & Expression | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Sex Offender Issues |
| <input type="checkbox"/> Inmate/Prisoner Issues | <input type="checkbox"/> Students/Youth Issues |
| <input type="checkbox"/> Judiciary Complaint | <input type="checkbox"/> Voting/Election Rights |
| <input type="checkbox"/> Law Enforcement Complaint | <input type="checkbox"/> Women's Rights |
| <input type="checkbox"/> Lawyer Complaint | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> LGBT Rights/Discrimination | |

Only if you selected "Inmate/Prisoner Issues" above, please check one of these categories:

- | | |
|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Access to Courts | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Access to Grievance Procedure | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Classification System | <input type="checkbox"/> Overcrowding |
| <input type="checkbox"/> Criminal Case/Appeal | <input type="checkbox"/> Personal Property |
| <input type="checkbox"/> Detainment | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> Racial Justice/Discrimination |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Due Process | <input type="checkbox"/> Religious Liberty |
| <input type="checkbox"/> Excessive Force | <input type="checkbox"/> Reproductive Rights |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> Sanitation |
| <input type="checkbox"/> Free Speech/Expression | <input type="checkbox"/> Segregation |
| <input type="checkbox"/> Habeas Corpus | <input type="checkbox"/> Sentencing |
| <input type="checkbox"/> Judiciary Complaint | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Women's Rights |
| <input type="checkbox"/> Inmate Assault | <input type="checkbox"/> Writ of Actual Innocence |
| <input type="checkbox"/> Lawyer Complaint | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> LGBT Rights/Discrimination | |

If your complaint involves an inmate in a jail or prison facility, please identify the facility:

Complaint Detail

Please enter the following information about the person or agency you are complaining.

Complaint Against Name: _____

Complaint Against Agency: _____

Complaint Against Street Address: _____

Complaint Against Street Address 2: _____

Complaint Against City: _____ State: _____ Zip: _____

Complaint Against Locality: _____

Complaint Against Phone Number: _____

Date of Complaint Situation: _____

If you are a prisoner or detainee who has a complaint concerning the conditions of your confinement or detention, you must exhaust all grievance procedures before contacting us. If you have done this, please provide a detailed description of the grievance procedure you followed on a separate page.

Attorney Information

If you are represented by an attorney in this matter, please provide the attorney's information below.

Attorney Name: _____

Attorney Firm: _____

Attorney Street Address: _____

Attorney Street Address 2: _____

Attorney City: _____ State: _____ Zip Code: _____

Attorney Locality: _____

Attorney Phone Number: _____

If a criminal or civil lawsuit has been filed relating to your complaint, please provide the case number and additional information requested below. If no lawsuit has been filed, please skip this section.

Case Number: _____

Case Title: _____

Date of Case Filing: _____

Court Jurisdiction: _____

Current Case Status: _____

Judge Name: _____

Opposing Counsel: _____

Please provide a complete description of your complaint. Please describe IN DETAIL the events that lead you to file this complaint. If you have additional documents to support your complaint, please list them. Please do not send us the documents.

***Complaint Description (use a separate page, if necessary):**

***Please state clearly what you would like the ACLU of Virginia to do for you:**

**Please check this box to indicate that the information you have provided is true and correct; that you understand that by accepting this complaint, the ACLU of Virginia is not undertaking legal representation of you, and the ACLU of Virginia is not responsible for ensuring that any statute of limitations requirement or any other requirement or deadline is met in your case.*