



Case Questionnaire Form

Mail To: ACLU of Wisconsin Foundation, Inc.
207 E. Buffalo Street, Suite 325
Milwaukee, WI 53202-5774
www.ACLU-WI.org

For ACLU Use Only
Type of Complaint:
Recommendation:
Disposition Date:

Important: Before completing, please read the entire form carefully. **Type** or **print** clearly. Sign and date the last page.

Complainant Information:

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Day Phone: (____) _____ Night Phone: (____) _____ Email: _____

Respondent Information (my complaint is against the following):

Last Name: _____ First Name: _____ Middle Initial: _____
Company/Government Agency (if applicable): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Date of act giving rise to this complaint: _____

May we contact this person? Yes No
If more than one respondent, please provide the additional contact information on a separate sheet.

Have you filed a complaint with any other agencies? Yes No

If yes, please describe and include dates: _____

Are you represented by an attorney in this matter? Yes No

If yes, attorney's name. Last: _____ First: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Email: _____

