



GENERAL INTAKE QUESTIONNAIRE

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Alt. Telephone: _____

Victim's Name (if different) _____ Date of Birth _____

E-mail Address _____

1. Where did this incident occur (city/county/state): _____

2. When did the incident occur (be as specific as possible) _____

3. Please describe the incident in as much detail as possible including the names of individuals and institutions involved. Attach additional sheets if necessary.

4. Were you given any explanation for what happened? YES NO
If so, who gave you the explanation?

What was the explanation?

5. Why do you think this happened to you?

6. Have you contacted another agency? YES NO
If so, what agency and what is the status of your complaint?

7. Have you consulted an attorney? YES NO
If so, what is the name and contact information for the attorney?

What action, if any, is the attorney taking?

May we contact the attorney? YES NO

8. Have you done anything on your own to try and address this problem? YES NO
If yes, please describe your efforts:

9. What would you like the ACLU to do for you?