



AMERICAN CIVIL LIBERTIES UNION
of PUERTO RICO NATIONAL
CHAPTER

AMERICAN CIVIL LIBERTIES UNION OF PUERTO RICO

416 Avenida Ponce de León, Suite 205

San Juan, P.R. 00918

Teléfono: 787-753-8493

Fax: 787-753-4268

Webpage: www.aclu-pr.org

COMPLAINT FORM

Complainant Information:

Last Name _____ Name _____ Initial ____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Telephone: _____ Evening Telephone: _____

Email: _____ Cellular: _____

My complaint is against the following:

Agency: _____

Last Name _____ Name _____ Initial ____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Telephone: _____ Evening Telephone: _____

Date of situation giving rise to your complaint: _____

May we contact this person? _____ Yes _____ No

Witnesses or persons with information regarding your complaint: _____

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



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Provide details and dates: _____

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

If so, please provide the following information on the attorney:

Last Name _____ Name _____ Initial _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Telephone: _____ Fax: _____

Email: _____ Cellular: _____

Has a criminal or civil lawsuit been filed against you or on your behalf? _____ Yes _____ No

If so, please provide:

Case Title: _____ Case Number: _____

Date of filing: _____ Court with jurisdiction: _____ Judge: _____

Opposing counsel: _____ Current status of the case: _____

What is the service requested of the ACLU? _____

Complaint Description

Please provide below a brief description of your complaint.

