The ACLU-NH welcomes input from our community about violations of civil rights and civil liberties. Although we review and retain the information we receive, we generally do not respond directly. If you submit this form, you should not expect to receive a response from our office. This applies to all requests for assistance, no matter how urgent, whether delivered to us by mail, email, or telephone. This form is not an offer by the ACLU-NH to represent you. Please be aware that we receive many complaints each month. Because we cannot return any submitted materials, DO NOT enclose original documents with this form. IMPORTANT: You are solely responsible for any and all statute of limitations or other deadlines that might apply to your specific situation. If you have concerns about the statute of limitations or if you feel your case demands immediate attention, then you should seek advice from an attorney.

Please complete this form as completely as possible and return it to our office at 18 Low Avenue, Concord, NH 03301. Keep a copy for your personal records.

Name ___________________________________________________________________________ Date __________________________

Address __________________________________________________________________________

City _______________________________________________________________________________ ST ________ ZIP __________

Home Tel # ______________________  Cell # _________________________________ Other # _________________________

WHAT IS THE NATURE OF THE COMPLAINT? Provide brief detailed information including when and where the problem occurred, dates and names of people and government agencies etc. with whom you have a complaint.

PRINT CLEARLY

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Please describe any attempts you have made to resolve this problem. Include names of individuals and agencies, dates and a brief description of each result.

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Are you represented by an attorney in this matter? ______ If so, please provide the attorney’s name and telephone number.

Name_____________________________________________________________ Tel #____________________________

What kind of help are you seeking from the ACLU of NH? __________________________________________________________________________

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If you have documents you believe may help us evaluate your complaint please describe them briefly. We will contact you if we need a copy. Do not enclose them.

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Where we might deem it appropriate or helpful, do we have your permission to contact authorities or other persons regarding your complaint? ______. If yes, may we use your name? ______ Is there anyone you would NOT want us to contact?_______

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To complete this form, please sign on the line below

SIGNATURE:____________________________________________________________

FOR ACLU OF NH

Date received___________ Received by: __________