



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: \_\_\_\_\_

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**FOR ACLU OF NH**

Date received \_\_\_\_\_ Received by: \_\_\_\_\_