



AMERICAN CIVIL LIBERTIES UNION OF
KANSAS AND WESTERN MISSOURI
3601 Main Street
Kansas City, MO 64111
Phone: 816-756-3113 Fax: 816-756-0136
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COMPLAINT FORM

Complainant Information:

Last Name _____ First 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

Name of Agencies: _____

Address of Agencies: _____

City: _____ State: _____ Zip: _____

