

Welcome To The **ACLU of North Carolina Request Form** [Change Language](#)

ACLU NORTH CAROLINA ONLINE REQUEST FORM

ASK FOR LEGAL HELP

If you are seeking legal assistance, please fill out this form as completely as possible. If we need information in addition to what is on this form, we will contact you.

You can also submit your request through the mail by sending a letter to PO Box 28004, Raleigh, NC 27611. All requests for legal help must be submitted in writing. We review all requests, but we cannot respond to every request. We do not review requests for legal assistance in person or over the phone.

The ACLU of North Carolina Legal Foundation works on cases that involve violations of civil liberties and civil rights guaranteed by the Constitution and related laws, such as your rights to due process, equal protection, religious freedom, privacy, speech, association, and your rights to be free from unreasonable searches and seizures and from cruel and unusual punishment.

We receive hundreds of requests for assistance each month. Because we are a nonprofit organization with limited resources, we are able to provide assistance in only a small number of cases. Unless and until the ACLU agrees to take your case, you are solely responsible for any and all statutes of limitations or other deadlines which might apply to your specific situation. If you have concerns about statutes of limitations or if you feel your case demands immediate attention, you may wish to seek advice from an attorney.

* Indicates the required fields

CONTACT INFORMATION

Please enter your contact information.

Title - Select -		
First Name *	Last Name *	
Address *	Address Line 2	
City *	State *	Zip *
Phone *	Email Address *	

MY COMPLAINT IS AGAINST THE FOLLOWING (OPTIONAL)

Please enter information about the individual, agency, and/or organization your complaint is against.

Title - Select -		
First Name	Last Name	
Agency		
Address	Address Line 2	
City	State	Zip
Phone		
May we contact this person or agency? - Select -		

PURPOSE OF REQUEST

Please tell us the purpose of the request

To seek a referral - Select -	To obtain legal representation - Select -
To alert the ACLU of North Carolina - Select -	If other reason, please specify

DETAILS OF COMPLAINT

Briefly describe the incident that led you to file a complaint with our office. Please include dates, places, and names of those directly involved:

Date of Occurrence Choose the date	County of Occurrence - Select -
Please provide a detailed summary of the events that have prompted you to contact the ACLU-NC for assistance. * Remaining characters: 1000	

Please provide a brief factual account of the events leading you to file this complaint. Please include dates, places and the names of the people directly involved.

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

Remaining characters: 1000

Please include information about any response from the person/agency you believe violated your rights.

How would you like the ACLU-NC to assist you? *

Remaining characters: 1000

Please include the ultimate resolution you would like to see.

What is the outcome that you are seeking?

Remaining characters: 1000

Please include the outcome you would like to seek.

WITNESS INFORMATION (OPTIONAL)

If you have a witness to support your claims, please enter their information here.

Title

- Select -

First Name

Last Name

Agency Name

Address

Address Line 2

City

State

Zip

May we contact this witness?
 - Select -

ATTORNEY INFORMATION (OPTIONAL)

If you are represented by an attorney on this matter, please provide the information here.

Attorney Full Name

Agency Name

Phone

Email

LAWSUIT INFORMATION (OPTIONAL)

If a criminal or civil lawsuit has been filed against you or on your behalf regarding your complaint, please provide the information here.

Please select the date case was filed
 Choose the date

Lawsuit Number

Firm Name

Case Name

DISCLAIMER AND NOTICE

This Survey does not give legal advice, and you should not rely on it as legal advice. You should not rely on the information you get from this site and should speak with a lawyer to get advice on your specific situation. We also cannot promise that the information on this site is complete, accurate, or up-to-date.

This Survey is not a solicitation or an offer by the American Civil Liberties Union and its affiliates to represent you. We cannot promise you that the information you provide will lead to any specific action on the American Civil Liberties Union or its affiliates part. Once you complete the survey, the American Civil Liberties Union of North Carolina may not do anything—including contact you—about your situation.

If you fill out this Survey, you agree that the American Civil Liberties Union, the national ACLU or its affiliates, if identified as part of the Survey, or one of its coalition partners may use the information you give us, as long as we don't include your name, address, email or phone number, for one or more of the following purposes: (1) legislative testimony, (2) litigation; (3) contacting a city, state or federal agency; or (4) telling your story to the public, including the media. If the American Civil Liberties Union, the national ACLU or its affiliates, or one of its coalition partners wants to identify you, we will contact you prior to doing so.

We will keep your name, address, telephone number and email confidential unless you give us permission to use it or unless we are ordered to turn it over by a court (although we will attempt to prevent any disclosure).

Submit Complaint

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