



# American Civil Liberties Union of Nevada Immigration/Police/287(g) Complaint Form

**PLEASE RETURN TO:** ACLU OF NEVADA, 732 S. 6TH STREET, STE 200A, LAS VEGAS, NV 89101

**CONFIDENTIALITY** All of the personal identifying information that you share with the ACLU of Nevada on this form is confidential. Your story may be shared anonymously for advocacy purposes, but no identifying information will be disclosed unless you give us permission to do so below.

**DO NOT ENCLOSE ANY ORIGINAL DOCUMENTS.** We cannot return any materials that you submit to us.

Submitting this form to the ACLU of Nevada does not guarantee that the ACLU will take any legal action on your behalf. You are solely responsible for any and all statutes of limitations or other deadlines that might apply to your specific situation. If you have any concerns about statute of limitations or if you feel your case demands immediate attention, you may wish to seek advice from an attorney.

**TODAY'S DATE:** \_\_\_\_\_

**YOUR CONTACT INFORMATION:**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **DAYTIME PHONE:** (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ **EVENING PHONE:** (\_\_\_\_\_) \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_

**PERMISSION TO SHARE INFORMATION**

- Where we deem it appropriate and helpful, do we have your permission to contact authorities or other persons about this complaint? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If so, may we use your name? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is there anyone you would ask us not to contact? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, who? \_\_\_\_\_

**DETAILS OF COMPLAINT**

1. Date of the situation giving rise to the complaint about Metro and/or the 287(g) program: \_\_\_\_\_
2. What is your home country? \_\_\_\_\_
3. Why were you stopped by the police?
  
4. Did you show ID to the police? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, did you show federal or state-issued ID, or ID from your home country? \_\_\_\_\_

5. When were you first asked about your immigration status and/or your Social Security information?

Who first asked you?

Did anyone explain why this information was being requested?

How did you respond?

6. Did you receive a ticket or citation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If you did not receive a ticket or citation or were not arrested, please skip to question 7*

What was the charge?

What was the outcome of that charge? (e.g. awaiting trial, pled guilty, charges dropped, paid fine, other)

7. If you were arrested and charged, did the police tell you that you could contact your embassy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

8. If you were arrested and charged, were you informed that you could ask for an interpreter?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you requested an interpreter, was one provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you feel that the interpreter was qualified? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Did the police or the detention facility you were held at provide information on how to file a complaint if you felt that you were wrongly targeted based on race and/or immigration status?

8. Please provide any other relevant information regarding the incident.

9. Please state clearly what you would like the ACLU of Nevada to do for you.

**WITNESSES**

If you have witnesses or persons with information regarding your complaint, please provide the following:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ EVENING PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DO YOU GIVE THE ACLU PERMISSION TO CONTACT THIS INDIVIDUAL? \_\_\_\_\_ Yes \_\_\_\_\_ No

**OTHER ORGANIZATIONS**

If you have filed a complaint with any other organizations, please describe:

**ATTORNEY INFORMATION**

If you are represented by an attorney in this matter, please provide the following:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ ADDITIONAL PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DO YOU GIVE THE ACLU PERMISSION TO CONTACT THIS INDIVIDUAL? \_\_\_\_\_ Yes \_\_\_\_\_ No

**LAWSUITS**

If a criminal or civil lawsuit has been filed against you or on your behalf, please provide the following:

DATE FILED: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
 CASE NAME: \_\_\_\_\_