

LULAC Intake Interview Record

I. Attorney Representation

Complainant, please indicate whether you are represented by an attorney or have seen an attorney regarding this matter and if so, please provide us with the following information:

Name of Attorney: _____

Address: _____

City, State & Zip: _____

Area Code & Phone: _____

E-Mail Address: _____

II. Complainant's Contact Information: (This is information we need from You)

Name: _____

Address: _____

City, State & Zip: _____

Area Code & Phone: _____

E-Mail Address: _____

Date of This Report _____

III. Subject/Type of Complaint (Indicate with an x):

☐ Employment ☐ Housing ☐ Educational ☐ Police ☐ Immigration Related ☐ Code Enforcement
☐ Banking ☐ Treatment at Retail Store ☐ Treatment at Restaurant ☐ Other _____

IV. Brief Description of Issue(s) W/Supporting Information (Who, What, Where, When, & Why)

Intake Interview Record (cont.)

V. Witness(es), If any: Provide complete name and contact information for each witness(es)

VI. Describe the Outcome You Expect by Contacting LULAC: _____

VII. Disclosures:

Please be advised that LULAC and its representatives do not legally represent you, cannot legally represent you, and have not agreed to legally represent you. If deemed appropriate, LULAC and its representatives will try to refer/recommend to you an attorney. However, we expect you to, and you are free to, continue to attempt to locate your own attorney to protect your own interests, in the event you wish to do so. If you secure legal representation elsewhere, LULAC expects you to notify LULAC of such representation immediately and to let LULAC know so we can close your file.

In connection with the processing of your complaint, you agree and understand that your complaint and any information you provide to LULAC may be shared with third parties, including attorneys assisting LULAC. The fact that LULAC and its representatives, including any attorneys assisting LULAC, have agreed to review your complaint and any related documents should not be construed as an indication that LULAC has agreed to follow up on your complaint. Moreover, you agree and understand that the mere fact that an attorney may review your complaint and any information you provide does not mean that the attorney has agreed to represent you in connection with your complaint.

DATE RECEIVED

Finally, if your complaint does not involve civil rights, LULAC will not follow up on your complaint and LULAC will not be responsible for contacting you to advise you of that fact.

By your signature below, you acknowledge that you agree and understand the foregoing disclosures.

Complainant's Signature & Date

Complainant's Printed Name

VIII. Internal Disposition of Complaint: (Action (s) Taken by LULAC). Signed by: _____

DATE: _____