

LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION, INC.

COMPLAINT FORM

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

WHAT KIND OF LEGAL MATTER HAVE YOU ASKED LAND OF
LINCOLN TO HANDLE:

BRIEFLY STATE THE NATURE OF YOUR COMPLAINT:

FOR LAND OF LINCOLN USE ONLY

RECEIVED BY: _____

DATE: _____

REMARKS: _____

