

Request for Legal Assistance/Legal Intake Form

Your Name: DAVID ROEMER Date: 1/7/17

Address: 345 WEBSTER AVE 4-D City: BROOKLYN

State: NY Zip: 11230 Daytime Phone: 347-414-2285

State The Reason Why You Are Communicating With The NYCLU:

- To seek a referral: Yes ___ No ___
- To obtain legal representation by the NYCLU: Yes No ___
- To alert the NYCLU of a governmental practice or policy that is implicating a constitutional right: Yes ___ No ___
- Other, please specify: _____

Location of incident: City NEW YORK County MANHATTAN State NY

Date of Incident: 10/13/16

My complaint is against the following:

Name of Person or Agency: ATTORNEY GRIEVANCE COMMITTEES

Address: 61 BROADWAY, 2ND FL

City: NEW YORK State: NY Zip: 10006 Phone: 401-0800

Please provide a **concise summary** of the events that have prompted you to contact NYCLU.

If you need more space, please attach one additional page

ON 10/13/16, THE GENERAL COUNSEL OF COLUMBIA U. VIOLATED THE
ACADEMIC FREEDOM OF STUDENTS AND FACULTY BY THREATENING ME
WITH LEGAL ACTION IF I CONTACTED ANYONE ABOUT A LECTURE ON
GOD'S EXISTENCE. ON 10/18/16, I FILED AN ETHICS COMPLAINT.
THE DOCKET NUMBER IS 2016: 2420. I AM CONCERNED
THAT THE ATTORNEY GRIEVANCE COMMITTEES IS NOT INVESTIGATING
MY ALLEGATION AGAINST THE GENERAL COUNSEL.

If you are represented by an attorney please indicate his/her name, address, and telephone:

Please do not send documentation with your letter. If we need more information, we will contact you. We do not communicate by electronic mail.

Please send this form to: New York Civil Liberties Union, 125 Broad St., 19th Fl., New York, NY 10004

Telephone: 212-607-3300 Facsimile: 212-607-3329

Attention: Legal Intake Committee

Revised on 12.07.09