



NAACP COMPLAINT FORM

Date:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-Mail Address:

PLEASE CHECK THE NATURE OF YOUR COMPLAINT:

POLICE MISCONDUCT

EDUCATION

EMPLOYMENT

HOUSING

PUBLIC TRANSPORTATION

PUBLIC ACCOMODATIONS

BANKING & FINANCE

GOVERNMENT AGENCY

RACE RELATIONS

VETERAN'S AFFAIRS

PRINT & ELECTRONIC MEDIA

STAGE & THEATRE

COMMUNITY RELATIONS

OTHER

Do you currently have an attorney working in your behalf? YES NO

Attorney's Name:

Phone:

E-Mail:

Address:

Has a lawsuit been filed? YES NO

If yes, when was it filed?

In what city?

In what court?

Do you wish to file a civil or criminal appeal? YES NO

Do you have financial resources? YES NO

Have you filed a complaint with the EEOC or Fair Housing & Employment? YES NO
If so, when?

Do you have a "Right to Sue" letter issued by one of these agencies? YES NO

If this is an employment complaint, please provide the following information.

Employer (or former employer):

Address:

City:

State:

Zip Code:

Telephone:

Supervisor:

Has a grievance been filed through your union? YES NO

Union:

Business Agent/Steward:

Local No.:

Address:

DESCRIPTION OF INCIDENT:

Please Note: Completion of this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.

We cannot process your application for assistance unless all questions on this form are completed along with a summary of the alleged discrimination or other Civil Rights violations that occurred.

I, _____ do hereby authorize the NAACP to consider my
complaint.

SIGNATURE:

DATE:

Note: Please attach a copy of the EEOC or Fair Housing & Employment complaint.

Internal Use Only

DATE RECEIVED:

REFERRED: