

NAACP COMPLAINT FORM

DATE _____
Name _____
Address _____
City _____ State _____ Zip Code _____
Daytime Phone Number _____
Evening 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 _____
Attorney's Phone _____
Attorney's 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 _____
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 can not 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 _____