Civil & Human Rights Complaint Form

National Association for the Advancement of Colored People	Are you a current member of the NAACP? ❒Yes ❒No Date **FOR OFFICE USE ONLY:** DATE RECEIVED: FOLLOWED UP BY:

Last Name	First Name	Middle Initial

Address	Contact Number	Alt. Number
City, State, Zip	Email Address	

PLEASE NOTE: ***WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED ON BOTH PAGES. ADDITIONALLY, WE WILL NEED A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.***

Do you currently have an attorney? Yes ❒ No ❒ Attorney's Name _____ Telephone # _____ Fax # _____	Attorney's Address: City, State, Zip
Please select all that may apply: Has a lawsuit been filed? Yes ❒ No ❒ If yes, when? _____ Have you filed a complaint with the EEOC? Yes ❒ No ❒ If yes, when? _____ Have you filed a complaint with Fair Employment & Housing? Yes ❒ No ❒ If yes, when? _____ ∗ *Please submit copies with complaint form.*	Please Select Agency you are filing complaint against: ❒ Place of Business ❒ Government Agency ❒ School District ❒ Law Enforcement ❒ Other (a) Type of discrimination: ❒ Civil Rights Violation/Hate Crimes ❒ Discrimination ❒ Harassment ❒ Housing ❒ Retaliation ❒ Other: _____

(b) How were you discriminated against?

(c) By whom were you discriminated? Include name(s), race, and gender of each:

Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:

(d) Where did the discrimination take place? Cite the location and address for each incident:

Address #1:	City:	State:	Postal Code:
Address #2:	City:	State:	Postal Code:

(e) Did anyone witness the discrimination that took place?

Witness #1:	Address:

Available to make statement on your behalf: Yes ❒ No ❒	Phone:
Witness #2:	Address:
Available to make statement on your behalf: Yes ❒ No ❒	Phone:
(f) What was the effector impact of the discriminating behavior on you?	
(g) To date, what actions have you taken so far?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes ❒ No ❒	
Name of Organization/Individual:	Address:
	Phone:
What actions, if any, were taken in response to the complaint or notice of concern?	
Who took these actions?	
When were these actions taken?	
(i) What would you like the NAACP to do for you regarding the discrimination?	

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the _____NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the _____ Branch Unit # _____ to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency or private attorney, the local NAACP Branch WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the _____ NAACP Branch harmless for all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: _____ Print FULL Name: _____ Date: _____

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "CONFIDENTIAL" to the Branch at: