

Complaint Form (p.1)

Page 1

- 1. Type or print clearly in dark ink.
- 2. Incomplete or unclear forms will be returned to you.
- 3. Enclose **copies** of important papers concerning your discrimination complaint.

TODAYS DATE:						
1. Your Name: Mr./Ms			Age:			
Address:			·			
City:		State:	Zip Code:			
County:						
Home Phone:	Wor	k Phone:				
Cell Phone:	one:E-Mail:					
Preferred phone number(s) fo	or communications with o	ur office regarding yo	ur complaint:			
Home Phone	Work Phone	Cell Phone (please	check one)			
2. Please provide the full na complaint against.	me of the company, bus	iness, employer, etc.,	(hereafter called the "Respondent") the	hat you have a		
Name:						
Address:						
City:		State:	Zip Code:			
County:						
Briefly explain your primar	y issue in two sentences	below:				
3. Please provide a brief des	scription of what happer	ned. Attach additiona	l pages if necessary.			



Complaint Form (p.2)

Witness:			_
Address:			
City:	State:	Zip Code:	
Information the witness will provid	e:		
Witness:			
Address:			
City:	State:	Zip Code:	
Information the witness will provid	e:		
5. Do you have documents or other	evidence to support your claim? I	f so, please attach copies.	
YesNo			
6. Have you tried to resolve your co	mplaint through a formal or infor	mal grievance procedure?	
YesNo If your answer	r is yes, with whom?		
What was the outcome?			
READ AND SIGN BELOW:			
I certify that this information is tru allegations to determine if a formal	investigation will be initiated. If the	he NAACP does not open an inv	estigation, this action
should not be considered a determine The NAACP, by way of accepting to The NAACP will utilize its resource conflicts and access to the legal pro-	his document, does not assume res es and best judgment to educate co	ponsibility for representation of	r to give legal advice.
Signature		Date	
Signature			