



Do you currently have an attorney working in your behalf?  Yes  No  Not sure

**\*\*If yes, provide information below\*\***

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attorney's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has a lawsuit been filed?  Yes  No  Not sure

If yes, when filed? \_\_\_\_\_ In what city? \_\_\_\_\_ In what court? \_\_\_\_\_  
mm/dd/yyyy

Have you filed an EEOC complaint?  Yes  No  Not sure

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter?  Yes  No  
 Not sure mm/dd/yyyy

Have you filed a Fair Employment & Housing complaint?  Yes  No  Not sure

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter?  Yes  No  
 Not sure mm/dd/yyyy

***Please include copies of filed complaints and right to sue letters upon submitting this completed form.***

If this is an employment complaint please complete the following about your employer and/or complainant:

**A. Employer (or former employer)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip

Telephone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Agent/Steward \_\_\_\_\_

District: \_\_\_\_\_ ( ) Field ( ) Base ( ) Office

Time: \_\_\_\_\_ Please check the box that best describes when the incident occurred.

( ) Before ( ) During ( ) After Shift

Are you currently employed with this employer? ( ) Yes ( ) No

\*\*\*\*\*

Local Union's Name:

\_\_\_\_\_

Local Union's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Local Union's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has a grievance or complaint been filed? ( ) Yes ( ) No ( ) Not sure

If yes, what is the status of that grievance or complaint? ( ) Closed ( ) In progress ( ) Not sure

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of incident: (please copy form if more pages are needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. For all other complaints please complete the following;**

Who Discriminated against you? \_\_\_\_\_

Location of incident? \_\_\_\_\_





**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 Fayette County Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Fayette County Branch 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 NAACP Fayette Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Fayette County Branch harmless for any and 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.

**IMPORTANT NOTICE**

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, your must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

**COMPLETION OF THIS FORM**

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Fayette County Branch is ONLY seeking information to assist you concerning this complaint.

Legal Redress  
Fayette County Branch,  
NAACP Unit 560A  
P.O. Box 1777  
Fayetteville, GA 30214

For questions call: 770-954-6021

