


## Civil & Human Rights Complaint Form

 <p style="text-align: center;">National Association for the Advancement of Colored People Ogden Utah Branch #1126 PO Box 1581 Ogden, UT 84402</p> <p style="text-align: center;">www.naacpogdenchapter.org    naacpogden1@gmail.com</p>	Are you a current member of the NAACP? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date: _____	
	FOR OFFICE USE ONLY:	
Date received: _____		Followed up by: _____
Last Name	First Name	Middle Initial
Address	Telephone number (home)	
City, State, Zip Code	Telephone number (work)	
PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON BOTH PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.		
Do you currently have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No  Attorney name _____  Telephone # _____                      Fax # _____	Address _____  City, State, Zip Code _____	
Please select all that may apply and submit copies with complaint forms:  Has a lawsuit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____  Have you filed a complaint with the EEOC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____  Have you filed a complaint with Fair Employment & Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	Please select agency in which you are filing complaint against: _ Place of Business    _ Government Agency _ School District    _ Law Enforcement    _ Other  (a) Type of discrimination: _ Civil Rights Violation I Hate Crimes _ Discrimination _ Harassment _ Housing _ Racial Profiling _ 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:
Where did the discrimination take place? (Cite location / address for each incident.)		
Address #1:	City, State, Zip Code	
Address #2:	City, State, Zip Code	

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(e) Did anyone witness the discrimination that took place?	
Witness #1 Available to make statement on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: Phone:
Witness #2 Available to make statement on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: Phone:
(f) What was the effect or impact of the discrimination behavior against you?	
(g) To date, what actions have you taken?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	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?	
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 Ogden Branch #1126 of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Ogden Branch #1126 of the NAACP 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 Ogden Branch #1126 of the NAACP WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to hold the Ogden Branch #1126 of the NAACP 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.

### Completion of this Form

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time, the Ogden Branch #1126 of the NAACP 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:

Ogden NAACP Branch #1126  
P.O. Box 1581  
Ogden, UT 84402