


SCHUYLKILL NAACP Civil & Human Rights Complaint Form

 <p>SCHUYLKILL BRANCH</p> <p>National Association for Advancement of Colored People</p> <p>PO BOX 1052</p> <p>Pottsville, Pa 17901</p> <p>SCHUYLKILLNAACP@gmail.com</p>	<p>Are you a current member of the NAACP?</p> <p><input type="checkbox"/> Yes Branch Location: _____</p> <p><input type="checkbox"/> No</p> <hr/> <p>Date: _____</p> <p style="text-align: center; color: red; font-weight: bold;">FOR OFFICE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>FOLLOWED UP BY: _____</p> <p>FORWARDED TO: _____</p>	
Last Name	First Name	Middle Initial
Address		Telephone Number (Cell)
City, State, Zip		Email

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED, ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

<p>Are you currently represented by an attorney?</p> <p><input type="checkbox"/> Yes Attorney's Name: _____</p> <p><input type="checkbox"/> No</p> <p>Email address: _____</p> <p>Telephone # _____ Fax # _____</p>	<p>Address</p> <hr/> <p>City, State, Zip</p>
<p>Please select all that may apply (please submit copies with form)</p> <p><input type="checkbox"/> Has a lawsuit been filed? ___ Yes ___ No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with EEOC? ___ Yes ___ No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with any other Agency? ___ Yes ___ No: If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with any other Organization? ___ Yes ___ No: If yes, when? _____</p> <p>Name of the Agency or Organization: _____</p>	<p>Please list entity against which you are filing complaint:</p> <p>___ Place of Business ___ Government Agency</p> <p>___ School District ___ Law Enforcement ___ Other</p> <p>Indicate type of discrimination:</p> <p><input type="checkbox"/> Civil Rights Violation/Hate Crime</p> <p><input type="checkbox"/> Discrimination</p> <p><input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Law Enforcement/Racial Profiling</p> <p><input type="checkbox"/> Retaliation</p> <p><input type="checkbox"/> Voting/Election</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Public Accommodations</p> <p><input type="checkbox"/> Other: _____</p>

How were you discriminated against?		
Who discriminated against you? Include name(s), race, and gender of each.		
Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:
Where did the discrimination take place		
Address #1:	City, State, Zip:	
Address #1:	City, State, Zip:	
Did anyone witness the discrimination that took place?		
Witness #1: Name: _____	Address:	
Available to make statement on your behalf: ____ Yes ____ No	Phone:	
Witness #2: Name: _____	Address:	
Available to make statement on your behalf: ____ Yes ____ No	Phone:	
What was the effect of the discrimination on you?		
Were others treated differently than you were treated? ____ Yes ____ No; Please name the individuals and describe the difference in treatment and circumstances, if any.		
What actions, if any, have been taken in response to your complaints?		
Who took these actions?		
When were these actions taken?		
What would you like the NAACP to do for you regarding your allegation of 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 **Schuylkill NAACP** in seeking a remedy to the situation described above. I hereby authorize the officers of the **Schuylkill NAACP** to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that the **NAACP** is not a law firm and cannot provide me with legal advice or legal representation.

Although some of its members and volunteers are lawyers, they represent the **NAACP** and not me personally.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the **Schuylkill 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 Schuylkill 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: _____

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.

All legal claims have deadlines. For some civil rights violations, you may be required to file a notice or pursue options with a government agency before you can file a lawsuit in court. If you do not comply with time deadlines or notice requirements, you could be legally prevented from pursuing your claim in court. Contacting the NAACP for assistance does not stop these deadlines or eliminate the need to file notices. If you have an urgent need or must meet a deadline, contact a private attorney, your local public defender, or your state's bar association. **DO NOT WAIT** for a response from the NAACP. (See links below)

Employment: <https://www.phrc.pa.gov/Complaints/Pages/Employment.aspx>

Housing: <https://www.phrc.pa.gov/Complaints/Pages/Housing-and-Commercial-Property-.aspx>

Election/Voting: <https://www.pavoterservices.pa.gov/pages/reportelectioncomplaints.aspx>

Education: <https://www.education.pa.gov/Educators/Misconduct/Pages/File-A-Complaint.aspx>

Public Accommodations: <https://www.phrc.pa.gov/Complaints/Pages/Public-Accommodations-.aspx>

Law Enforcement: <https://www.attorneygeneral.gov/protect-yourself/civil-rights/police-community-relations/>

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the Schuylkill 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: Naacp Schuylkill Branch PO Box 1052 Pottsville, Pa 17901

You can also save the completed form and email it to: SchuylkillNaacp@gmail.com

Information provided to the NAACP will be treated as confidential to the extent allowed by law.