



# Tacoma Branch NAACP

## HOW TO FILE A COMPLAINT OF DISCRIMINATION

For more information contact the Labor and Industry Committee of NAACP unit in your community.

Prepared by the Labor Department of the NAACP

### WHAT TO TELL US

Answer all questions and be as specific as possible. These directions are numbered to match the questions on the form.

**Question 1:** Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.

**Question 2:** Please check the box that indicates the type of discrimination you face. If other, please state what other.

**Question 3:** Check the box that describes the cause of discrimination. If other, please state what other.

**Question 4:** If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination, list them on the last line of section 3.

**Question 5, 6 & 7:** If you have consulted an attorney or filed this complaint with a state or local human relations commission, Federal government, union, or agency, check "yes" and give the name.

**Question 8:** Have you retained an attorney, if so, provide contact information?

**Question 9:** Give the day, month, and year of most recent date the discrimination took place. In some instances, the discrimination may be continuing; for example, seniority lines are segregated.

**Question 10:** Tell us as much as you can. For example: Were you fired? Did you fail to get to a promotion? Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age, or other?

**Question 11:** Sign your name, and mail or take to the Tacoma Branch NAACP.

### INSTRUCTIONS TO NAACP UNITS

NAACP units should refer complainants alleging employment discrimination to an appropriate agency for official investigation, i.e., EEOC, State, or Local Human Rights Commission, Labor and Industry Committees of local NAACP units are further encouraged to forward the information on this form to an appropriate agency and to monitor the agency's work on all cases referred by the NAACP. To the extent resources allow, NAACP units may provide other supportive assistance to the complainant.

In virtually all instances of employment discrimination, complainants will lose their right to any form of legal remedy if they do not file a complaint with the EEOC within 180 days of the event of the alleged discrimination. If your state has a human or civil rights commission, then this time period is expanded to 300 days. If there is any doubt, file within 180 days just to be sure.

# TACOMA BRANCH NAACP COMPLAINT OF DISCRIMINATION

based on race, color, religion, national origin, sex, age, handicapped status

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint. We cannot process your application for assistance unless all questions on this form are completed along with a summary of the alleged discrimination or other Civil Rights violations that occurred.

## Question 1: Complainant's Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Question 2: Please check the type of discrimination you face. (Please check those that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Police Misconduct     | <input type="checkbox"/> Education         | <input type="checkbox"/> Employment        |
| <input type="checkbox"/> Public Accommodations | <input type="checkbox"/> Race Relations    | <input type="checkbox"/> Banking & Finance |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Veteran's Affairs | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Community Relations   | <input type="checkbox"/> Housing           | <input type="checkbox"/> Other: _____      |

## Question 3: Was the discrimination because of: (Please check those that apply)

- ☐ Race or Color   ☐ Religion   ☐ National Origin   ☐ Sex   ☐ Age   ☐ Handicapped Status  
☐ Other: \_\_\_\_\_

## Question 4: Who discriminated against you? Give name and address of the employer, labor organization, employment agency, apprenticeship committee, licensing agency, etc. (List all)

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

Address: \_\_\_\_\_ Apt. #/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

And (Other parties if any): \_\_\_\_\_

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**Question 5:** Have you filed a complaint with any governmental agency(ies)? ☐ Yes ☐ No

If yes, which one(s)? \_\_\_\_\_

**Question 6:** If this complaint is related to employment, have you contacted your HR/Personnel office to file a complaint? ☐ Yes ☐ No

If yes, have you followed company policy pertaining to filing a grievance? ☐ Yes ☐ No

**Question 7:** Have you filed a grievance with your union? ☐ Yes ☐ No

Name of Local and Representative: \_\_\_\_\_

**Question 8:** Have you retained an attorney regarding this case? ☐ Yes ☐ No

Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #/Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Question 9:** The actual date or the most recent date on which this discrimination occurred.

Select Date: Select date Time of Day: \_\_\_\_\_

**Question 10:** Explain what unfair thing was done to you. (Attach another piece of paper if you need more space. Please sign and date all pages accompanying this form. )

\_\_\_\_\_

**Question 11:** I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT SEND ORIGINAL DOCUMENTS OF ANY TYPE. WE WILL ONLY ACCEPT  
COPIES.**

## TACOMA BRANCH NAACP RELEASE AND DISCLAIMER

I, \_\_\_\_\_, reside at \_\_\_\_\_. By

placing my initials to the left of each numbered item below, I affirm that I understand it and agree with it.

\_\_\_\_\_ 1. I have submitted to the Tacoma Branch NAACP a Complaint of Discrimination directed against ("Respondent").

\_\_\_\_\_ 2. I understand that the NAACP is a private, nonprofit, volunteer organization. It is not a government agency. Filing a complaint with the NAACP is not the same as filing a complaint with an administrative agency or filing a suit in a court with an administrative agency or filing a lawsuit in a court of law. Whatever rights I have to file a complaint with an administrative agency or to file a civil lawsuit are completely unaffected by whether or not I have filed this complaint with the NAACP.

\_\_\_\_\_ 3. The deadline by which I must file my complaint or lawsuit with \_\_\_\_\_ is \_\_\_\_\_. If I do not file my complaint or lawsuit with \_\_\_\_\_ by that time, I may have no right to a recovery from any harm from the Respondent.

\_\_\_\_\_ 4. I have authorized the NAACP to investigate my complaint; (2) to attempt to mediate my complaint with Respondent in order to explore the possibility of settlement; and (3) if there is no settlement, to provide me at least three referrals of lawyers who may consider representing me in litigation against Respondent.

\_\_\_\_\_ 5. I understand that the NAACP in no way guarantees the competency, professionalism, or fitness of the lawyers whose names they provided.

\_\_\_\_\_ 6. I will provide the NAACP copies (NOT ORIGINALS) of whatever documents I have to support the complaint. If requested in writing that some of the material be held in confidence, the NAACP will hold it in confidence; otherwise the NAACP may share it with the Respondent or with state or federal anti-discrimination agencies.

\_\_\_\_\_ 7. If the NAACP mediates my complaint with Respondent, I will refrain from filing my complaint with a state or federal anti-discrimination agency, or filing a lawsuit while the mediation is in progress. However, I am free at any time, after notifying the NAACP of my intentions, to terminate the mediation and file my complaint with a state or federal anti-discrimination agency or file a lawsuit. If the mediation is nonbinding, I am not required to accept a settlement with Respondent.

\_\_\_\_\_ 8. NAACP will receive no funds from any mediation or settlement. Persons conducting settlement and negotiation are not lawyers and are not providing legal services.

\_\_\_\_\_ 9. I agree that if I accept a settlement with Respondent, I will be required to sign a Release of Claims against a Respondent, and I will honor the terms of such a Release and Claim.

\_\_\_\_\_ 10. I understand that if the NAACP refers me to a private attorney, I am not required to retain that attorney and the attorney is not required to offer legal representation to me. I understand that such representation that might be offered to me need not be without charge, but may be on whatever terms we

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agree on. I understand that the attorney does not also represent the NAACP, nor is employed by or paid for by the NAACP.

\_\_\_\_\_ 11. 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.

\_\_\_\_\_ 12. I release and hold harmless the NAACP, its officers, directors, employees, agents, personal actions and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreement, promises, variances, trespasses, damages, judgments, executions, claims, and demands whosoever, in law, in equity, which I ever had, may have in the future, or which any of my personal representatives, successors, heirs or assigns hereafter can, shall, or may have against the NAACP, upon or by reason of the NAACP's handling of my Complaint of Discrimination.

Dated \_\_\_\_\_

Agreed \_\_\_\_\_