

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

St. Mary's County, Maryland Branch #7025



COMPLAINT OF DISCRIMINATION FORM

The purpose of this form is to gather information for the Legal Redress Committee to determine whether the St. Mary's County Branch NAACP may be able to assist you with your complaint of discrimination. **Completing this form does not constitute an official complaint with a legal authority such as a local, state, or federal agency. The deadline for filing a complaint with a state or federal agency is usually 180 days from the last act of discrimination.**

(Please Print or Type)

1. Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

2. Was the discrimination because of: (circle all that apply)

Race: Color: Religion: National Origin: Sex: Age: Handicap Status: Other:

3. Who discriminated against you? Give name and address of the employer, organization, agency, etc.

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

4. Is the complaint employment related? Yes (). No (). If Yes:

a. have you contacted your HR/Personnel Office to file a complaint? Yes (). No ().

b. have you followed company policy on filing a grievance? Yes (). No ().

c. have you filed a grievance with your union? Yes (). No (). If Yes, name and telephone number of Union Representative _____

5. Have you retained an attorney regarding this complaint? Yes (). No (). If Yes, name and telephone

number: _____

6. Have you file a complaint with any governmental agency? Yes (). No (). If yes, which one?

Name: _____ Phone _____

7. The most recent date of discrimination? Month:_____ Day:_____ Year:_____

8. Explain what discriminatory action was taken against you:_____

Sign and date each page accompanying this form. If you provide documents, make sure they are NOT ORIGINALS.

RELEASE OF LIABILITY

I understand that: (1) St. Mary’s NAACP is not a law firm and **cannot provide me with legal advice or representation**. (2) Once a referral is made to a state or federal agency or an attorney is obtained, St. Mary’s NAACP **will not** be responsible for handling this matter. (3) **By signing this document, I affirm that the statements that I have made above are accurate and true to the best of my knowledge and that I agree to hold St. Mary’s NAACP harmless for any and all damages arising as a result of my case being mishandled in any way.**

Print Full Name

Signature

Date

Mail completed form to St. Mary’s NAACP, PO Box 189, Lexington Park, MD 20653 (Attention: Legal Redress) or email to legalredresschairnaACP@gmail.com

NOTE: The St. Mary’s NAACP uses member volunteers in all aspects of its operation. Financial support for its effects depends primarily on membership strength. We encourage you to support our efforts by becoming a member. **Membership is not required to receive our assistance.**

You can download the membership application from our website www.stmarysnaACP.org.

OFFICE USE ONLY—DO NOT WRITE ON THIS PAGE

DATE OF FIRST CONTACT: _____

DATE COMPLAINT FORM RECEIVED: _____

DATE COMMITTEE STARTS REVIEW OF COMPLAINT: _____

DATE COMPLAINANT INTERVIEWED: _____

DATES OTHER INTERVIEWS CONDUCTED: _____

SUMMARY/FINDINGS

DISPOSITION

NOT DEEMED DISCRIMINATORY:

COMPLAINT WITHDRAWN:

ATTORNEY OBTAINED:

RESOLVED TO COMPLAINANT'S SATISFACTION:

REFERRED TO

MARYLAND EEOC:

STATE NAACP:

MARYLAND HUMAN RELATIONS COMMISSION:

US EQUAL EMPLOYMENT COMMISSION:

MARYLAND COMMISSION ON CIVIL RIGHTS

Circle those that apply:

Legal Redress Chair Name and Signature

Date