



REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL JUSTICE VIOLATION

Legal Redress Process

Completion of this form is the first step in requesting an investigation by the Northern Orange NAACP into your allegations of civil rights or social justice violations that have occurred in Northern Orange County. Information shared in this report will be analyzed by the Legal Redress Committee to consider if and how the NAACP can help. Completing and submitting this form is not intended and should not be interpreted as a contract of any nature, either stated or implied.

Persons aged 17 and younger are not permitted to complete this form. Youth who have experienced an incident of civil rights violation or social injustice must have an authorized adult (parent, adult care provider, or legal guardian) complete and submit this form on their behalf. Personal data collected on this form will remain confidential.

Once your form is received and reviewed you will be contacted by a member of the Legal Redress Committee to discuss the details of your complaint further or you will be notified by an Executive Committee member on how to proceed with your request. All investigation requests about a civil rights violation or social injustice incident will be given careful and urgent consideration. However, decisions for our Branch to get directly involvement will be determined on the merit and scope of the request. Unfortunately, our limited resources do not permit us to respond to every request that we receive. Please expect a response time of at least 14 days.

Legal redress forms may be submitted via email to info@northernorangenacp.org or US Mail to:

Northern Orange NAACP
ATTN: Legal Redress
PO Box 375
Hillsborough, NC 27278

Consent Statement

I certify that I am at least 18 years old and understand that this Request to Investigate is not a contract. I understand that the NAACP Executive Committee members will have access to my complaint. If I am submitting this form on the behalf of a minor, I have received their permission to proceed. I declare that the information being reported herein is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Please complete the following questionnaire as clearly and completely as possible.

Complainant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email: _____

Please indicate if you are a member of the NAACP:

☐ Yes, I am a member of Northern Orange NAACP Branch #5427

☐ Yes, I am a member of another Branch of the NAACP:

Branch Name: _____

Branch Number: _____

☐ No, I am not a member of the NAACP

☐ I would like to join the NAACP

Please tell us who you are with regards to the incident:

☐ The victim

☐ Friend of the victim

☐ A witness to the incident

☐ Classmate of the victim

☐ Neighbor of the victim

☐ A relative or guardian of victim

☐ Other (specify): _____

What is the race/ethnicity of the victim?

☐ Black / African American

☐ Asian / Pacific Islander

☐ White / Caucasian

☐ Native American

☐ Hispanic / Latino

☐ Multi-Racial

☐ Other (specify): _____

What is the gender of the victim?

☐ Male

☐ Female

☐ Non-binary

Is the victim transgender?

☐ Yes

☐ No

What is the age of the victim? _____

To the best of your ability provide the name and role or position of all persons involved in the incident:

Name	Position in Incident
Example: Timothy Small	13 year old son mistreated by teacher
Joe Smith	Teacher at school who mistreated son Timothy Small

Identify which if any agency or organization is involved in the incident:

Education K-12(specify): _____

Education: College or University (specify): _____

Law Enforcement (specify): _____

Municipal or County Department (specify): _____

Non-profit (specify): _____

Business / Merchant: _____

Other (specify): _____

Date incident occurred or began: _____ (month) _____ (day) _____ (year)

Detailed summary of what happened. Please write as legibly and clearly as possible or attach a typewritten statement:

[illegible]

What do you think was the motivation behind this event or incident:

- | | |
|--|--|
| <input type="checkbox"/> Race (racism) | <input type="checkbox"/> Class Status (e.g., poor or homeless) |
| <input type="checkbox"/> Sexual Orientation (homophobia) | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Gender Identity (transphobia) | <input type="checkbox"/> Religion or Faith |
| <input type="checkbox"/> Gender (sexism) | <input type="checkbox"/> Civil Rights Violation |
| <input type="checkbox"/> Other (specify): _____ | |

Are you seeking or considering outside legal representation in addition to this request?

- ☐ Yes ☐ No ☐ Undecided

Have you authorized an attorney to discuss your case with this NAACP branch?

- ☐ Yes ☐ No (if not, please contact your attorney immediately)

Have you requested the assistance of any other agency or organization?

- ☐ Yes (please explain below) ☐ No

What specific kind of help are you requesting from your local NC NAACP branch?
