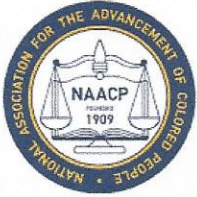


CIVIL and HUMAN RIGHTS COMPLAINT FORM



NAACP

National Association for the Advancement of Colored People

P.O. Box 151
Monessen, Pennsylvania 15062

724.684.8545
Email: monvalleynaacp@verizon.com
Website: <https://monvalleynaacp.com>

Are you a current member
of the NAACP?

Yes ☐ No ☐

Date:

**FOR OFFICE USE
ONLY:**

Date received:

Followed Up
by:

| | | |
|-------------------------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Address | | |
| Telephone Number (home) | | |
| City, State, Zip | | |
| Telephone Number (cell) | | |

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

Do you currently have an attorney? Yes ☐ No ☐

Attorney's Name: _____

Telephone #: _____

Attorney Address: _____

City, State, Zip: _____

Please select all that may apply: (please submit copies with this complaint form)

☐ Has a lawsuit been filed? Yes ☐ No ☐

If Yes, when? _____

☐ Have you filed a complaint with the EEOC?

Yes ☐ No ☐

If Yes, when? _____

☐ Have you filed a complaint with Fair Employment and Housing? Yes ☐ No ☐

If Yes, when? _____

Please list agency against which you are filing a complaint:

☐ Place of Business ☐ Government Agency

☐ School District ☐ Law Enforcement

☐ Other: _____

Type of discrimination:

☐ Civil Rights Violation / Hate Crimes

☐ Discrimination ☐ Harassment

☐ Housing ☐ Racial Profiling

☐ Retaliation

☐ Other: _____

(b) How were you discriminated against? (Summarize; submit additional pages as necessary)

(c) By whom were you discriminated? – Include name(s), race, and gender

Name: _____

Name: _____

Name: _____

Race: _____

Race: _____

Race: _____

Gender _____

Gender _____

Gender _____

(d) Where did the discrimination take place? Cite location/address for each incident

Address/Location #1 (include street address, city, state, and zip

Address/Location #2 (include street address, city, state, and zip

(e) Did anyone witness the discrimination that took place? Yes ☐ No ☐ If Yes, please list:

Witness #1:

Available to make statement on your behalf?

Yes ☐ No ☐

Address: _____

Phone _____

:

Witness #2:

Available to make statement on your behalf?

Yes ☐ No ☐

Address: _____

Phone _____

(f) What was the effect or impact of the discriminating behavior on you?

(g) To date, what actions have you taken thus far?

(h) Have you filed a complaint or notified any other organization or individual regarding this matter?

Yes ☐ No ☐ If Yes, please specify below.

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? _____

(I) 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 Monessen, PA (Mon-Valley) Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Mon-Valley NAACP Branch 2274 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 Mon-Valley NAACP Branch WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document,

I am agreeing to HOLD the Mon-Valley NAACP Branch 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 Mon-Valley NAACP Branch 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 Mon-Valley Branch

P.O. Box 151

Monessen, PA 15062