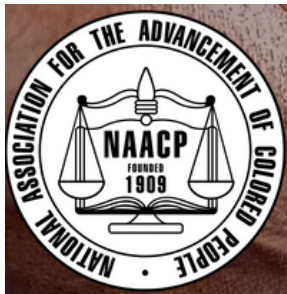


NAACP SAN MATEO COMPLAINT INTAKE FORM



National Association for the Advancement of Colored People
San Mateo Branch # 1068
1670 South Amphlett Boulevard, Suite 214-35 San Mateo, CA 94402

Email: communications@naacpsanmateo.org

Website: naacpsanmateo.org

Are you a current member of the NAACP?

Yes if so, which branch: _____

FOR OFFICE USE ONLY:

Date received: _____ Received by: _____

Assigned to: _____ Case #: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip code _____

Telephone number _____ Email address _____

Do you currently have an attorney? Yes No

If so, attorney's name: _____

Attorney's phone number _____ Attorney's email address: _____

Has a lawsuit been filed: Yes No If so, date lawsuit filed: _____

Please List Agency or Organization Name, other than NAACP, where the complaint was filed: _____

Date complaint filed: _____

What type of civil rights violation are you alleging was committed against you:

Hate crime Discrimination by an educational institution Housing discrimination Employment discrimination

Discrimination by law enforcement Voting discrimination Health care discrimination Refusal of service by a business

Other: _____

Name(s) of person(s) and/or Organization discriminating against you: _____

Location(s) if known: _____

Date and time of incident: _____

Name of witness: _____

Phone number of witness: _____ Email address of witness: _____

Briefly describe your experience:

What are you requesting of the San Mateo NAACP Branch to do regarding this complaint:

Release of Liability

I affirm that the statements that I have made in this form are true to the best of my knowledge and belief. I hereby authorize the representatives of the San Mateo NAACP Branch # 1068 to have access to information and documents which are relevant to my claim of discrimination described in this form.

I understand that the San Mateo NAACP will not get involved with any matter that is already being handled by reason of an official complaint filed with another agency. The San Mateo NAACP will only get involved in a matter that is being handled by an attorney **if express written permission is provided by the attorney**. I am agreeing to hold the San Mateo NAACP Branch # 1068 harmless for any and all damages arising from this case should the branch get involved in any way.

Signed: _____ Date: _____

Completion Of This Form

Completing this form does NOT constitute the filing of an official complaint with a legal authority. At this time, the San Mateo NAACP is only seeking information to ascertain if this is a qualified case of discrimination, and if the branch will be able to assist you. Please note that we will not process your complaint unless all sections of the form are completed. Please attach a separate sheet of paper, if necessary, to fully explain the complaint. All handwritten responses must be legible for the form to be processed. When completed, please email the form in .pdf format to communications@naacpsanmateo.org or mail a hard copy to NAACP San Mateo Branch # 1068, 1670 South Amphlett Boulevard, Suite 214-35, San Mateo, CA 94402