



NAACP Port Huron Branch
Legal Redress Committee Complaint Form
CONFIDENTIAL

Please read each attached page carefully. Complete each section and return to:

Port Huron Branch NAACP
ATTN: Legal Redress Committee
P O Box 610486
Port Huron, MI 48060
Mobile Office Phone: (810) 276-9360
Office Email: Porthuronnaacp@porthuron.org

DISCLAIMERS

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Port Huron branch 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 filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Port Huron branch and the complainant.

PLEASE NOTE:

- **The NAACP cannot help you with your civil rights complaint until this form has been completed and returned;**
- **Thorough completion of this form will help to expedite the handling of your complaint;**
- **If you have an urgent civil rights complaint, you may also wish to directly contact:**

Equal Employment Opportunity Commission (800) 669-4000

Michigan Civil Rights Department (800) 482-3604

American Civil Liberties Union (ACLU) (313) 578-6800

Michigan State Bar Lawyers' Referral Service (800) 968-0738

- **The sheer volume of complaints received prevents the NAACP from pursuing every matter. Our ability to assist is directly related to membership support.**

FILING A CIVIL RIGHTS COMPLAINT

To process a civil rights complaint, the individual must be able to provide enough information to reasonably establish that there has been a violation of the law. To establish grounds, it will be helpful to the investigating agency if you can provide the following information:

- The name, address and telephone number of the person or business against who you are complaining and, for employment complaints, your best estimate of the total number of persons employed by the business;
- The dates of all alleged discriminatory incidents and the names of everyone involved;
- Specific examples of different/discriminatory treatment, indicating the people and conduct involved;
- Names, addresses and telephone numbers (if possible) of all witnesses;
- Copies of any relevant policies and/or documents;
- For an employment complaint that involves a union, the name, address and telephone number of the union local and the relevant representative, including the status of any filed grievance(s);
- Copies of any complaints filed with any state or federal agency.

INFORMATION TO CONSIDER WHEN FILING A CIVIL RIGHTS COMPLAINT

- If the matter is to be referred to the Michigan Department of Civil Rights (MDCR), the act(s) of alleged discrimination must have occurred in the areas of employment, public accommodation or service, education, or housing, within the past 180 days;
- If it is an employment matter, it can still be referred to the Equal Opportunity Commission (EEOC) if the alleged discriminatory act(s) occurred within the past 300 days;
- You should be able to provide a reason for your belief that the act(s) occurred because of religion, race, color, national origin, age¹, sex, height², weight³, marital status⁴, familial status⁵, physical or mental disability, arrest record⁶, or in retaliation for making or participating in a complaint about one of these categories;
- The alleged discriminatory act(s) occurred in Michigan;
- The person or entity against who you are complaining is not a United States, Canadian or Native American governmental agency;
- The matter is not pending in any court of law

1 In education issues, age and marital status applies only to records made for admission purposes. 2 Height, weight and arrest record apply to employment only. 3 See Footnote #2, above. 4 See Footnote #1, above. 5 Applies to housing only. 6 See Footnote #2, above.

Today's Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Ethnicity/Race: _____ Sex: _____ Age: _____ DOB: ____/____/____

NAACP Member: ____ Yes ____ No Past Member: ____ Yes ____ No

Are you currently represented by an attorney in this matter: ____ Yes ____ No

Has an attorney ever represented you in this matter? If yes, please complete the following:

Attorney's Name: _____

Attorney's Phone number: _____

May we contact your attorney: ____ Yes ____ No

Have you filed a complaint with any government agency? (Many filings are subject to strict time limitations).

If so agency name:

Contact Person (if any):

___ EEOC _____

___ Labor Union _____

___ HUD _____

___ Human Rights Office _____

___ Police Department _____

___ U.S. Attorney's Office _____

___ Department of Justice _____

___ Michigan Department of Civil Rights _____

___ Other: _____

Have you contacted any other nonprofit organization about your complaint? If so, organization name: _____

Complaint:

Did the discrimination complained of occur in the City of Port Huron? ____ Yes

If not, where? _____

What was the basis of the discrimination you experienced? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Source of Income |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> Age | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Handicap | <input type="checkbox"/> Personal Appearance |
| <input type="checkbox"/> Martial Status | <input type="checkbox"/> Political affiliation |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sex | |

On what date(s) did this occur: _____

Who discriminated against you: _____

What is your relationship with this person (employer, tenant, customer, etc.):

Address: _____

Phone Number: _____ **Email Address:** _____

May we contact this person or entity: Yes No

Please briefly describe the discrimination you encountered.



Were there any witnesses to these events: ____ Yes ____ No

If so, name:

Telephone Number:

May we contact him/her?

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

Have you recorded or saved any evidence? ____ Yes ____ No

If so, please list: _____

(Documentary evidence may be attached to this complaint form, however, please do not include any originals).

I affirm that I have reviewed this complaint form and that I is true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____