

# HOW TO FILE A COMPLAINT OF DISCRIMINATION

Local NAACP Unit

For more information contact the Labor and Industry Committee of the NAACP unit in your community.  
Prepared by the Labor Department of the NAACP



## WHAT TO TELL US

Answer all questions and be as specific as possible. These directions are numbered to match the questions on the form.

**Question 1:** Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.

**Question 2:** Please check the box that indicates what you believe to be the cause of discrimination. If other, please state what other. **Question 3:** If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination; list them on the last line of section 3.

**Question 4, 5, & 6:** If you have consulted an attorney or filed this complaint with a state or local human relations commission, Federal government, union or agency, check "yes" and give the name.

**Question 7:** Give the day, month and year of the most recent date the discrimination took place. In some instances, the discrimination may be continuing; for example, seniority lines are segregated.

**Question 8:** Tell us as much as you can. For example, Were you fired? Did you fail to get a promotion? Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age or other?

**Question 9:** Sign your name, and mail or take to the nearest NAACP Unit.

## INSTRUCTIONS TO NAACP UNITS

NAACP units should refer complainants alleging employment discrimination to an appropriate agency for official investigation, i.e. EEOC, DFEH, State or Local Human Rights Commission.

Labor and Industry Committees of local NAACP units are further encouraged to forward the information on this form to an appropriate agency and to monitor the agency's work on all cases referred by the NAACP. To the extent resources allow, NAACP units may provide other supportive assistance to the complainant.

In virtually all instances of employment discrimination, complainants will lose their right to any form or legal remedy if they do not file a complaint with the EEOC within 180 days of the event of the alleged discriminatory. If your state has a human or civil rights commission, then this period increases to 300 days. If there is any doubt, file within 180 days just to be sure.



**National Association For The Advancement of Colored People**

Richmond Branch  
P.O. Box 1670, Richmond, CA 94802  
Office: (510) 221-6880

**DISCLAIMER FORM**

I \_\_\_\_\_, HEREBY SIGN THIS RELEASE AND  
DISCLAIMER WITH THE UNDERSTANDING THAT I WILL HOLD THE NAACP  
HARMLESS FOR ANY CLAIM, LIABILITY OR LAWSUIT.

I UNDERSTAND THAT THE NAACP IS A VOLUNTARY ORGANIZATION, WHICH HAS IN  
NO WAY AGREED TO PROVIDE ME WITH LEGAL COUNSEL. I UNDERSTAND THAT IT  
IS MY RESPONSIBILITY TO SEEK LEGAL COUNSEL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

## COMPLAINT OF DISCRIMINATION

based on race, color, religion, national origin, sex, age, handicapped status

Use this form to file a claim of discrimination based on race, color, national origin, creed/religion, age, disability, military status, arrest/criminal conviction record, marital/familial status, predisposing genetic characteristics, pregnancy and related conditions, domestic violence victim status, gender/sex, sexual harassment, sexual orientation, gender identity, and/or retaliation.

**Please note:** Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.

Complete and **MAIL OR DELIVER** this form **TO** local NAACP UNIT:

RICHMOND – N.A.A.C.P.  
P.O. Box 1670  
Richmond, CA 94802

(Please print or type form)

### SECTION 1: COMPLAINANT INFORMATION

Complainant's Full Name		
Personal Phone Number	Work Phone Number	
Home Street Address		
City	State	Zip Code
Preferred Email Address (for complaint related communications):		

### SECTION 2: SUPERVISORY INFORMATION

Employer/Business Unit/Work Schedule (days/hours):	
Work Location/Address:	
Work Position/Title:	Years in Position:
Immediate Supervisor Name:	Second Level Supervisor Name:

### SECTION 3: DETAILS OF CLAIM

Your claim of discrimination is based upon (Please check all that apply)	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Gender/Sex <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Marital/Familial Status <input type="checkbox"/> Arrest/Criminal Conviction Record <input type="checkbox"/> Predisposing Genetic Characteristics <input type="checkbox"/> Pregnancy & Related Conditions <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Military Status <input type="checkbox"/> Retaliation (for having engaged in a protected activity) <input type="checkbox"/> Other: _____	
Your claim of discrimination is made against: (Name) _____	
Phone _____	Address _____
Relationship to you <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-Worker <input type="checkbox"/> Subordinate <input type="checkbox"/> Other - Please Specify: _____	
The actual date or most recent date on which this Discrimination occurred? _____ Is the Discrimination continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the alleged discriminatory conduct and the reasons the conduct is discriminatory. Please include the names of witnesses, if any, and attach supporting documentation, if available. <i>Attach additional pages, if necessary.</i>	
Have you filed a claim regarding this complaint with a federal, state, or local government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Which? _____	
Have you filed a grievance with your Union? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Union Rep: _____ Local #: _____	
Have you initiated a legal suit or court action regarding this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you hired an attorney with respect to the allegations in this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Attorney: _____ phone: _____ Address: _____ email: _____	
This complaint form was completed by: <input type="checkbox"/> Complainant <input type="checkbox"/> Representative <input type="checkbox"/> Affirmative Action Administrator	

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date