



NAACP Clearwater | Upper Pinellas County Branch

COMPLAINT OF DISCRIMINATION FORM

(Based on race or color, religion, national origin, sex, age, and/or handicapped status)

Completing this form does not constitute filing an official complaint with a legal authority.

The NAACP only seeks information to assist you concerning this complaint.

Name: _____

Address: _____

City/State/Zip: _____ Telephone Number: _____

Email: _____

Was the discrimination because of: (please check those that apply)

Race or Color Religion National Origin Sex Age Handicap

Provide explanation: (On separate paper, explain the details of the discrimination. If you provide documents, make sure they are copies, not originals.) _____

Date in which this discrimination occurred? _____ **How many documents are enclosed?** _____

Who discriminated against you? Give name and address

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Please list other parties: _____

Have you filed a complaint with any other government agency/agencies? Which Ones? Yes No

Have you filed any grievance with your union or agency? Yes No

Have you retained an attorney regarding this case? Yes No

Attorney Name: _____ Address: _____ Phone: _____

Our mission is to address discrimination in all its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys. If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six months.

I fully understand the limitations outlined above. _____ (initials)

I hereby authorize the NAACP to 1.) communicate with the people whom I have alleged to have discriminated against me. 2.) access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

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

Signature: _____ **Date:** _____

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30/year, which includes a monthly subscription to the Crisis magazine. However, be assured that membership is not required to receive our assistance.

Mail form to: NAACP Clearwater | Upper Pinellas County Branch P.O. Box 2073 Clearwater, FL 33757