



# DAYTON UNIT NAACP

915 Salem Ave.  
Dayton, Ohio 45406  
(937) 222-2172



## CITIZEN COMPLAINT FORM

1. Type or print clearly in dark ink.
2. Incomplete or unclear forms will be returned to you.
3. Enclose **copies** of important papers concerning your discrimination complaint.

Please return completed intake form to:

**EMAIL:** [naacpdayton3181@sbcglobal.net](mailto:naacpdayton3181@sbcglobal.net)  
**FAX:** (937) 222-8984

TODAYS DATE: \_\_\_\_\_

1. Your Name: Mr./Ms. \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred phone number(s) for communications with our office regarding your complaint:  
\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone (please check one)

**2. Please provide the full name of the company, business, employer, etc., (hereafter called the "Respondent") that you have a complaint against.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Briefly explain your primary issue in the two sentences below:**

\_\_\_\_\_  
\_\_\_\_\_

**3. Nature of Complaint: This is a complaint of discrimination, unfair labor practice, or other injustice based upon one or more of the following:**

Criminal Justice \_\_\_\_\_ Education \_\_\_\_\_ Employment \_\_\_\_\_

Housing \_\_\_\_\_ Lending Institution \_\_\_\_\_ Religion \_\_\_\_\_

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**4. Do you have witnesses who can support your claim? If so, state their names, addresses and phone numbers and the pertinent information they can provide.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Information the witness will provide:**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Information the witness will provide:**

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Information the witness will provide:**

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**5. Do you have documents or other evidence to support your claim? If so, please attach copies.**

Yes  No

**6. Have you tried to resolve your complaint through a formal or informal grievance procedure?**

Yes  No If your answer is yes, with? \_\_\_\_\_

**7. Have you contacted any other organization? If so, please attach copies.**

\_\_\_\_ Yes \_\_\_\_ No

**8. Are you a member or past member of the NAACP? If yes, identify the Unit and your membership expiration date.**

\_\_\_\_ Yes \_\_\_\_ No

**What was the outcome?**

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**READ AND SIGN BELOW:**

I certify that this information is true and correct to the best of my knowledge. The Dayton Unit NAACP will carefully evaluate your allegations to determine if a formal investigation will be initiated. If the Dayton Unit NAACP does not open an investigation, this action should not be considered a determination of the merits of your allegations or the results of any finding of fact or law. The Dayton Unit NAACP, by way of accepting this document, does not assume responsibility for representation or to give legal advice. The Dayton Unit NAACP will utilize its resources and best judgment to educate community members about their options about their conflicts and access to the legal process.

By signing this form, I do solemnly swear that I am the complainant in this matter, or have permission to file on behalf of a complainant who is unable to file for him or herself; that all statements are correct and true to the best of my knowledge, and therefore, request the Dayton Unit NAACP to fully investigate this matter. If a legal situation arises, I must contact an attorney or statutory agency.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Processed by the Dayton Unit NAACP

Representative \_\_\_\_\_ Date \_\_\_\_\_

I hereby direct and release to my authorized the Dayton Unit NAACP Representative any and all information deemed confidential by photocopy of this authorization to be accepted in lieu of the original. I further understand that the Dayton Unit NAACP will make all reasonable efforts to protect the Confidentiality of any information obtained, and will not hold the organization liable for any damage arising from the release of information obtained. This authorization shall be effective until this matter is either resolved or rescinded in writing.

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_

***\*\*Please Note: Have copies made of any documents you want to include with this complaint form. PLEASE DO NOT LEAVE YOUR ORIGINAL COPIES!***