



ALAMANCE NAACP

# DISCRIMINATION COMPLAINT FORM

Alamance NAACP Branch #5368  
P.O. Box 1557, Burlington, NC 27216  
336.365.8536 | [secalanaacp@gmail.com](mailto:secalanaacp@gmail.com)

The purpose of this form is to gather information for the Legal Redress Committee of the Alamance County Branch of the NAACP. Once your form is received and reviewed, you will be contacted by a member of the committee for a follow up. For an electronic version of this form or more information, please visit [acnaacp.org](http://acnaacp.org).

Disclaimer: Completing this form does not constitute an official complaint with a legal authority such as filing a lawsuit or complaint with a governmental agency. This form also does not establish an attorney-client relationship, nor any of the legal requirements that come with it.

## SECTION I: GENERAL INFORMATION

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

St. Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Method:  Phone  Email  Mail Date Completed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you require a translator?  Yes  No

How did you hear about us?

Member/Referred by Member  Website/Social Media  Other: \_\_\_\_\_

***If completing the form for someone other than self, please provide information below***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION II: ATTORNEY INFORMATION**

Are you currently being represented by an attorney?

Yes  No *(if "No" please continue to Section III)*

Attorney Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

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

May we contact your attorney?

Yes  No

**SECTION II: COURT HISTORY**

Has this matter been addressed in court?

Yes  No *(if "Yes", please use space provided below to summarize court history )*

**Summary of Court History**

**SECTION IV: GOVERNMENT AGENCY INFORMATION**

Have you filed a complaint with a government agency regarding this matter?

Yes  No *(if "No" please continue to Section V)*

Agency Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Agency Representative Name/Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Summary of Complaint Outcome**

*Please use the space below to summarize the outcome of complaint filed*

**SECTION V: OUTSIDE ORGANIZATION INVOLVEMENT**

Have you contacted any other organizations regarding this matter?

Yes  No *(if "No" please continue to Section VI)*

Organization Name: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Representative Name/Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Summary of Organization Involvement**

*Please use the space below to summarize the involvement of the organization in this matter*

**SECTION VI: AGENCY/PARTY COMPLAINT AGAINST**

This complaint is against *(select all that apply)*:

- Government Agency       Business       Individual       Other

Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to individual (i.e. tenant, supervisor): \_\_\_\_\_

Agency/Entity Name: \_\_\_\_\_

Agency/ Entity Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permission to contact:  Yes  No

Basis of Discrimination:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Race/Ethnicity             | <input type="checkbox"/> Disability       | <input type="checkbox"/> Personal Appearance            |
| <input type="checkbox"/> Sexual Orientation         | <input type="checkbox"/> Age              | <input type="checkbox"/> Political Beliefs/Affiliations |
| <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Religion/Beliefs | <input type="checkbox"/> Other                          |

Location of occurrence: \_\_\_\_\_

Time Frame:

- Isolated Incident (Date Occured: \_\_\_\_\_)
- Ongoing Discrimination (Date Began: \_\_\_\_\_)
- Former Time Period (Dates: \_\_\_\_\_)

***Please list any applicable witnesses***

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION VII: STATEMENT OF DISCRIMINATION**

*Please use the space below to provide a statement of the discrimination that has occurred.*

**SECTION VIII: ADDITIONAL COMMENTS**

*Please use the space below to provide any additional comments or pertinent information*

**ACKNOWLEDGEMENT**

I have filled this form out to the best of my ability and I understand that the submission of this form does not come with any guarantee of action, nor establish any legal relationships or requirements by the Alamance Branch of the NAACP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

Please attach any supporting materials such as court documents, witness statements, correspondence, etc. Mail completed form and documents to the Alamance NAACP Branch #5368, P.O. Box 1557, Burlington, NC 27215. For any comments/questions, contact us at (336) 365-8536 or via email at [secalanaacp@gmail.com](mailto:secalanaacp@gmail.com).