Civil & Human Rights Complaint Form

Are you a current member of the NAACP? [ ] Yes [ ] No Date: _____ / _____ / _____

PLEASE NOTE: WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED ON ALL PAGES. ADDITIONALLY, WE WILL NEED A ONE-PAGE SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Last Name _____ First Name _____ Middle Initial _____

Address _____ Contact Number _____ Alt. Number _____

City, State, Zip _____ Email Address _____

Do you currently have an attorney? [ ] Yes [ ] No

Attorney's Name _____ Telephone # _____ Fax # _____

Attorney's Address _____ City, State, Zip _____

Please select all that may apply:

Has a lawsuit been filed? [ ] Yes [ ] No

If yes, when? _____

Have you filed a complaint with the EEOC? [ ] Yes [ ] No

If yes, when? _____

Have you filed a complaint with Fair Employment & Housing? [ ] Yes [ ] No

If yes, when? _____ *Please submit copies with complaint form.*

Agency you are filing complaint against: [ ] Place of Business [ ] Government Agency [ ] School District [ ] Law Enforcement [ ] Other

(a) Type of discrimination:

[ ] Civil Rights Violation / Hate Crimes [ ] Discrimination [ ] Harassment [ ] Housing [ ] Retaliation [ ] Other: _____

(b) How were you discriminated against?

_____

_____

(c) By whom were you discriminated against? Include name(s), race, and gender of each:

Name Race Gender

Name Race Gender

Name Race Gender

(d) Where did the discrimination take place? Cite the location and address for each incident:

Address #1 City State Postal Code

Address #2 City State Postal Code

(e) Did anyone witness the discrimination that took place?

Witness #1 Address Phone

Available to make a statement on your behalf? [ ] Yes [ ] No

Witness #2 Address Phone

Available to make a statement on your behalf? [ ] Yes [ ] No

(f) What was the effect or impact of the discriminating behavior on you?

(g) To date, what actions have you taken so far?

(h) Have you filed a complaint with or notified any other organization or individual regarding this matter? [ ] Yes [ ] No

Name of Organization/Individual Address Phone

What actions, if any, were taken in response to the complaint or notice of concern?

Who took these actions? When were these actions taken?

(i) What would you like the NAACP to do for you regarding the discrimination?

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Los Angeles Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Los Angeles Branch to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the NAACP Los Angeles Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Los Angeles Branch harmless for all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature Print FULL Name Date

NON-RETALIATION REQUIREMENTS

Section 704(a) of the Civil Rights Act of 1964 (as amended), Section 4(d) of the Age Discrimination in Employment Act of 1967 (as amended), and various other civil rights laws make it an unlawful employment practice for an employer, employment agency, or labor organization to discriminate against an employee, applicant for employment, member, or applicant for membership because that person has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time, the Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked “CONFIDENTIAL” to the Branch at the address below.