

## FAYETTE COUNTY, GA NAACP BRANCH #560A COMPLAINT FORM

Date of report:			
Please check the type of com	plaint that you are	making:	
() Police Misconduct () E	mployment () Har	rassment () Civil Rights	violation/Hate crimes
() Housing/Public Accomm	odations () Public	Transportation () Bank	/ Finance ( ) Education
( ) Other			
Please select the agency, org against:	anization and/or p	erson of which you are fil	ing the complaint
( ) Place of Business ( ) Em	ployer () School	District ( ) Governmen	t Agency
( ) Law Enforcement ( ) Otl	ner		
Date(s) incident occurred: _			
•••••		• • • • • • • • • • • • • • • • • • • •	•••••
**Please provide the following	ng information abo	ut yourself**	
Name:			
(First)	(Middle	2)	(Last)
Address:			
Street	City,	State	Zip
Home Telephone #: ( )		Work #: ( )	
Email address			
Work Location:			
( Place of B	usiness)	(Address)	(Phone )

Do you currently hav	e an attorney w	orking in you	r behalf? () Yes () No () Not	sure
**If yes, provide infor	mation below**			
Attorney's Name:				-
Attorney's Address:				-
City, State & Zip:				
Attorney's Telephone	e #:	Fa	x #:	_
Has a lawsuit been fil	led? () Yes ()	No () Not sui	re	
	nm/dd/yyyy	_In what city?	In what court?	
Have you filed an EE	OC complaint?	( ) Yes () No	o ( ) Not sure	
If yes, when filed?		_ Case #	Right to sue letter?	() Yes () No
() Not sure	mm/dd/yyyy			
Hayo you filed a Fair	Employment &	Housing com	plaint? () Yes () No () Not s	1170
•	_ ,	_	Right to sue letter? (	
() Not sure		_ case	ragin to suc letter. (	,) 163 () 140
Please include copies form.	of filed compla	ints and right	to sue letters upon submitting	this completed
If this is an employm complainant:	ent complaint p	please complet	e the following about your emp	oloyer and/or
<b>A.</b> Employer (or form	mer employer)			
Name:				
A J J				
Address:Street	C	City,	State	Zip
Telephone: ( )			Fax #: ( )	

Supervisor's Name: _	Business Agent/Steward
District	( ) Field ( ) Page ( ) Office
	() Field () Base () Office Please check the box that best describes when the incident occurred.
( )Before ( ) During	
( ) Defore ( ) During	; ( ) Arter Simt
Are you currently em	aployed with this employer? ( ) Yes ( ) No
*******	
Local Union's Name:	
Local Union's Addres	SS:
City, State & Zip:	
Local Union's Teleph	one #: Fax #:
Has a grievance or co	mplaint been filed? ( ) Yes ( ) No ( ) Not sure
If yes, what is the stat	tus of that grievance or complaint? ( ) Closed ( ) In progress ( ) Not sure
Comments:	
Description of incide	nt: (please copy form if more pages are needed)
<b>B.</b> For all other comp	plaints please complete the following;
Who Discriminated a	gainst you?
Location of incident?	

Description of incident: (please copy form if more pages are needed)		
C. Witnesses to the incident:		
C. Williesses to the metacht.		
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Occupation:	Occupation:	
D. Describe substituting and		
D. Describe what happened:		

investigate my compo NAACP does not pro	laint and to take any step	rize the NAACP Legal Redres os necessary to resolve it, and and that the organization h	d I understand that the
	not a member, please acc	effort to provide some degree ess the website at <u>www.fcna.</u>	
Signature	Date	Witness	Date
	Good Standing ( ) Yes (	_	
Paid Membership \$_		Date	

Submit completed forms to: Fayette County NAACP, PO Box 1777, Fayetteville, GA 30214

#### 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 Fayette County Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Fayette County 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 Fayette Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Fayette County Branch harmless for any and 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 employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

#### **IMPORTANT NOTICE**

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, your must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursing a claim in a court of law.

#### **COMPLETION OF THIS FORM**

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Fayette County Branch is ONLY seeking information to assist you concerning this complaint.

Legal Redress
Fayette County Branch,
NAACP Unit 560A
P.O. Box 1777
Fayetteville, GA 30214

For questions call: 770-954-6021

# (FOR INTERNAL USE)

DATE:	CASE CLOSED (YES OR NO) CIRCLE ONE	
Follow-up, Status, Comments:		
Signed:		