

NAACP Complaint Form

Name _____

Address _____

Telephone Number (H) _____

(W) _____

Type of Complaint: (Circle one)

Employment

Housing

School

Other

Name of organization against which you have complaint:

Address: _____

Telephone No. _____

Supervisor: _____

Date of Incident: _____

Witnesses to the incident: _____

<p>(1) Name: Address: Telephone #</p>	<p>(2) Name: Address: Telephone #</p>
<p>(3) Name: Address: Telephone #</p>	<p>(4) Name: Address: Telephone #</p>

Commonwealth of Pennsylvania

County of _____

Name: _____

Being of full age, and duly sworn according to law deposes and says that he/she is the complainant herein; that he/she has read the foregoing complaint and knows that content thereof; that to the best of his/her knowledge, information and belief the facts alleged therein are true.

Sworn to and Subscribed before me this _____ day of _____ 19____

Signature of Complaint

Notary Public _____

My Commission Expires _____

Do Not Write Below This Line

Date Received: _____

Assigned to: _____

Date Investigation Began: _____

Date Investigation Completed: _____

Results of Investigation: _____

Follow - Up Required: _____

Date Reported To Branch: _____

Signature of Investigator

Date