#  COMPLAINT OF DISCRIMINATION

 ***Based on race, color, religion, national origin, sex, age, handicapped status***

Please Print or Type

|  |
| --- |
| **YOUR NAME PHONE NUMBER**  |
| **STREET ADDRESS**   |
| **CITY STATE ZIP CODE**  |

**WAS THE DISCRIMINATION BECAUSE OF**: (*Please check those that apply.*)

□ Race or Color □ Religion □ National Origin □ Sex □Age □ Handicapped Status □ Other

|  |
| --- |
|  **WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, COMPANY, SCHOOL, ETC.**  |
| **NAME**  |
| **STREET ADDRESS**  |
| **CITY STATE ZIP CODE**  |
|   |
| **And (Other parties if any)**  |
|   |
| **HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY? IF SO, WHICH ONES?**  |
| □ Yes □ No  |

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| **HAVE YOU FILED A GRIEVANCE WITH YOUR UNION?** □ Yes □ No **NAME OF LOCAL AND REPRESENTATIVE:**  |
|   |

**HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE?** □ Yes □ No

 **NAME OF ATTORNEY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED:**

**TIME OF DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY \_\_\_\_\_\_\_\_\_ YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU:**  |
| ***Attach another piece of paper if necessary for more space.***  |

**DISCLAIMER**

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch and the complainant.

**I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_