



NAACP

PORTAGE COUNTY BRANCH

P.O. BOX 309 | RAVENNA, OHIO 44266

Phone:

COMPLAINT FORM

Name of person making complaint: _____

Phone (work): () _____ (Home): () _____

Address: _____
Street City, State

Nature of complaint: _____

Person(s) or Company / Business against whom complaint is filed _____

Date of complaint (when did the alleged unfair action against you take place) _____

What if anything, did you do? _____

Are you a member of the NAACP? Yes No

Please give names and addresses of anyone who witnessed this incident:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

“THE STRUGGLE FOR JUSTICE CONTINUES”

Describe in detail what took place and include dates: _____

What would you like us to do for you? _____

THIS DOCUMENT **MAY** SERVE AS SWORN TESTIMONY IN THE COURT OF LAW. ALL INFORMATION GIVEN MUST BE ACCURATE AND NOTORIZED BY A LICENSED NOTARY PUBLIC.

Signature: _____ Date: _____

Subscribed and sworn to before me this Day _____, Month _____, Year _____

Signature of Notary Public: _____ Date: _____

Seal:

Seal expiration date: _____

Received By NAACP Member: _____ Date: _____

“THE STRUGGLE FOR JUSTICE CONTINUES”