



Wichita Branch NAACP #4043

Complaint Application

This form is to document complaints and/or concerns. If you are not completing this form on site, submit your complaint/complaints to the Wichita Branch NAACP, P.O. Box 8695, Wichita, KS 67208 or at our office, located at 2821 E. 24th Street North, Wichita, KS 67219. All questions must be answered to the best of your knowledge in order for the NAACP to refer, respond, or investigate your complaint. If you have written documentation listing dates, times, or any other fact based information pertinent to your complaint, please supply our office with a **copy** (no original documents, please) along with your complaint form. Note: If you are under the age of 18 years. The NAACP will need parental permission in order to process your complaint.

Full Name: _____

Home Phone: _____ Work: _____ Cell: _____

Street Address: _____

Email Address: _____

Type of complaint (indicate the areas that best categorizes your issue)

Name of Individual, Organization, or Agency against whom you wish to file a complaint:

Have you files a grievance within the organization or agency?

Yes No

Are your represented by a Union or Collective Bargaining Agency?

Yes No

If yes, have you followed the internal grievance procedures?

Yes No

Have you retained an Attorney?

Yes No

Have you files a complaint with any State or Federal Agency?

Yes No

I hereby certify that the information that I have provided herein is correct t the best of my knowledge and recollection.

Signature: _____ Date: _____

On the reverse side of this form, explain your complaint. If necessary, you may attach another sheet to your complaint form.