

NAACP
Rome Floyd
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The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Georgia Chapters 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 County and then complainant.

The NAACP Georgia Chapters cannot accept actual verbal complaints over the telephone.

The NAACP Georgia Chapters does not have lawyers, when necessary, we will refer you to legal counsel.

If you believe that you have been the victim of a Civil or Human Rights wrongful action and want to file a complaint with the NAACP Georgia Chapters and have the organization investigate your complaint, you must submit a formal Complaint Form.

The NAACP Georgia Chapter Legal Redress reviews received Complaint Forms for completeness, to determine the dynamics of complaint and potential course(s) of action for complaining applicant and ultimately, resolution of the issue.

The NAACP County Chapter contacts the complainant to:

Request additional or collaborating information, if needed

Schedule an appointment with the complainant, if there's sufficient evidence of a wrong doing or actionable offense

If Legal Redress determines that the complaint does not have merit for action, advise the complainant of this and the reason(s) why

Interview the complainant and have the complainant complete applicable waiver and authorization forms.

Determine the best course of action to obtain resolution of the complaint.

Pursue recommended course of action. When necessary, refer complaints to legal counsel/resources.

CONFIDENTIAL

Date of report: _____

NAACP Member? ☐ Yes ☐ No If yes, membership# _____

Current Member in good standing ☐ Yes ☐ No

Paid Membership \$ _____ Date _____

Name: _____

Address: _____

Cell /Telephone #: _____

Email address: _____

Your race:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or
Another Pacific Islander ☐ White ☐ Other

Discrimination type (check those that apply)

☐ Race or Color ☐ Religion ☐ National Origin ☐ Sex ☐ Gender Identity ☐ Education ☐ Wage and
Hour

☐ Handicap/Disability ☐ Marital Status ☐ Familial Status ☐ Sexual orientation ☐ Source of income

☐ Place of residence or business ☐ Matriculation (student status) ☐ Personal appearance ☐ Political affiliation ☐ Education ☐ Retaliation ☐ Age ☐ Other

Consumer Fraud (deceptive and fraudulent practices)

☐ Leasing: auto or equipment (excessive fees, late fees, hidden fees) ☐ Credit card issues (excessive fees, late fees, hidden fees) ☐ Mortgage issues (excessive fees, late fees, hidden fees, foreclosures, discrimination)

☐ Insurance Issues (excessive fees, late fees, hidden fees) ☐ Predatory lending (discrimination against minorities in lending) ☐ Deceptive billing practices (e.g. cell and telephone charges ☐ False and misleading advertising ☐ Defective products

Public Accommodations: ☐ Denial or improper treatment (restaurants, hotels, stores, etc.) ☐ Racial profiling ☐ Housing discrimination

Criminal Law: ☐ Racial profiling ☐ Unlawful arrest (battery, unreasonable use of force)

Have you filed or do you intend to file a charge or complaint concerning the matters raised in the complaint with any of the following? ☐ Yes ☐ No

If yes, please specify and provide the details requested below: ☐ Labor Union ☐ HUD ☐ Human Relations ☐ Police/Sheriff's ☐ School District ☐ US Attorney's Office ☐ City/County Council ☐ Department of Justice (DOJ) ☐ Department of Civil Rights ☐ Public Transportation/Accommodations ☐ Banking/Finance ☐ Business/Merchant ☐ Non-Profit

If you have already filed a charge or complaint with an agency, above, please provide the following information (attach additional pages if necessary):

Agency: _____ Date filed: _____

Case or Docket Number: _____

Date of Trial/Hearing: _____

Location of Agency/Court: _____

Name of Investigator: _____

Status of Case: _____

Do you currently have an attorney working on your behalf? ☐ Yes ☐ No

Do you wish to file a civil or criminal appeal? ☐ Yes ☐ No

Has a lawsuit been filed? ☐ Yes ☐ No If yes, when?

Name _____

Address _____

Telephone _____

In what city? _____ In what court? _____

Have you filed a complaint with the EEOC? ☐ Yes ☐ No ☐ Unsure

If yes, date filed? _____ Case # _____ Right to sue letter? ☐ Yes ☐ No ☐ Unsure

Have you filed a complaint with Fair Housing and Employment? ☐ Yes ☐ No ☐ Unsure

If yes, date filed? _____ Case # _____ Right to sue letter? ☐ Yes ☐ No ☐ Unsure

If this is an employment complaint, please provide the following information.

Employer (or former employer) _____

Address _____ Telephone _____

Supervisor _____

Has a grievance been filed through your union? ☐ Yes ☐ No

If yes, what is the status of grievance complaint?

Union _____ Agent/Steward _____ Local# _____

Address _____

Telephone _____

If yes, what is the status of that grievance or complaint? ☐ Closed ☐ In progress ☐ Not sure

Please include copies of filed complaints and the right to sue letters upon submitting this completed form.

Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against or civil rights were violated, indicate who was involved, use additional sheets if necessary, and attach a copy.

Were there any witnesses to these events? ☐ Yes ☐ No, If yes, list contact information.

Name: _____ Phone: _____

I hereby authorize the officers of the NAACP 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 County Branch WILL NOT BE RESPONSIBLE for handling this matter.

I further understand that by signing this document, I am agreeing to HOLD the NAACP 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.

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, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing 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 County Branch is ONLY seeking information to assist you concerning this complaint.

Signature: _____ Date: _____

INTERNAL USE ONLY

TO BE COMPLETED BY NAACP LEGAL REDRESS NAACP

- ☐ Branch Number _____
- ☐ Date of Branch receipt: _____
- ☐ Date of Committee receipt: _____
- ☐ Committee Review _____ Date _____
- ☐ Assigned/Requested Case Number _____ Date _____
- ☐ Assigned to: _____

☐ Mailed forms _____ Date _____

☐ Referred to _____ Date _____

Committee/Branch notes: (initial and date all notations made)
