

COMPLAINT OF DISCRIMINATION



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

Completing this form does not constitute filing an official complaint with a legal authority.
At this time, the NAACP is only seeking information to assist you concerning this complaint.

MAIL OR DELIVER TO
NAACP UNIT: _____

ADDRESS OF UNIT: _____

(Please print or type)

1	YOUR NAME _____	PHONE NUMBER _____
	STREET ADDRESS _____	
1	CITY _____	STATE _____ ZIP CODE _____
2	WAS THE DISCRIMINATION BECAUSE OF: (Please check those that apply)	
	<input type="checkbox"/> RACE OR COLOR <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> HANDICAPPED STATUS <input type="checkbox"/> OTHER	
3	WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, LICENSING AGENCY, ETC. (List all)	
	NAME _____	
	STREET ADDRESS _____	
	CITY _____	STATE _____ ZIP CODE _____
	AND (Other parties, if any) _____	
4	HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY (IES)? IF SO, WHICH ONE(S)?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	HAVE YOU FILED A GRIEVANCE WITH YOUR UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6	NAME OF LOCAL REPRESENTATIVE: _____	
	HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	NAME OF ATTORNEY _____	PHONE _____
	ADDRESS _____	
7	THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED:	
	DAY OF MONTH _____	TIME OF DAY _____ AM/PM
	MONTH _____	YEAR _____
8	EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU:	
9	(Attach another piece of paper if you need more space)	
	I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
	SIGNATURE OF COMPLAINANT _____	DATE _____