


Civil & Human Rights Complaint Form

 <p style="text-align: center;">National Association for the Advancement of Colored People</p> <p style="text-align: center;">North San Diego County Branch #1086 P.O. Box 5786 . Oceanside, CA 92052 www. nsdcnaacp.org nsdcnaacp@gmail.com</p>		Are you a current member of the NAACP? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date _____
		FOR OFFICE USE ONLY:
		DATE RECEIVED: _____ FOLLOWED UP BY: _____
Last Name _____	First Name _____	Middle Initial _____
Address _____		Contact Number _____
		Alt. Number _____
City, State, Zip _____		Email Address _____

PLEASE NOTE: WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED ON BOTH PAGES. ADDITIONALLY, WE WILL NEED A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Do you currently have an attorney? Yes <input type="checkbox"/> No <input type="checkbox"/> Attorney's Name _____ Telephone # _____ Fax # _____	Attorney's Address: _____ City, State, Zip _____		
Please select all that may apply: Has a lawsuit been filed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ Have you filed a complaint with the EEOC? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ Have you filed a complaint with Fair Employment & Housing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ * Please submit copies with complaint form.	Please Select Agency you are filing complaint against: <input type="checkbox"/> Place of Business <input type="checkbox"/> Government Agency <input type="checkbox"/> School District <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other (a) Type of discrimination: <input type="checkbox"/> Civil Rights Violation/Hate Crimes <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Housing <input type="checkbox"/> Retaliation <input type="checkbox"/> Other: _____		
(b) How were you discriminated against? _____			
(c) By whom were you discriminated? Include name(s), race, and gender of each:			
Name: _____	Race: _____	Gender: _____	
Name: _____	Race: _____	Gender: _____	
Name: _____	Race: _____	Gender: _____	
(d) Where did the discrimination take place? Cite the location and address for each incident:			
Address #1: _____	City: _____	State: _____	Postal Code: _____
Address #2: _____	City: _____	State: _____	Postal Code: _____
(e) Did anyone witness the discrimination that took place?			
Witness #1: _____		Address: _____	

Available to make statement on your behalf: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:
Witness #2:	Address:
Available to make statement on your behalf: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:
(f) What was the effector impact of the discriminating behavior on you?	
(g) To date, what actions have you taken so far?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Organization/Individual:	Address:
	Phone:
What actions, if any, were taken in response to the complaint or notice of concern?	
Who took these actions?	
When were these actions taken?	
(i) What would you like the NAACP to do for you regarding the discrimination?	

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the _____ NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the _____ Branch Unit # _____ 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 local NAACP Branch WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the _____ NAACP Branch harmless for all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: _____ Print FULL Name: _____ Date: _____

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.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "CONFIDENTIAL" to the Branch at:

North San Diego County NAACP
www.nsdacnaacp.org | 760 754-9686 ph