NATIONAL ASSOCIATION
FOR THE ADVANCEMENT
OF COLORED PEOPLE

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 seeing information to assist you concerning this complaint.

MAIL DELIVER TO
NAACP UNIT _____
ADDRESS OF
UNIT _____
_____

(please print or type)

1	YOUR NAME PHONE NUMBER STREET ADDRESS CITY STATE ZIP CODE
2	WAS THE DISCRIMINATION BECAUSE OF (Please check those that apply) ☐ RACE OR COLOR ☐ RELIGION ☐ NATIONAL ORIGIN ☐ SEX ☐ AGE ☐ HANDICAPPED STATUS ☐ OTHER
3	WO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF THE 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)? WHICH ONE(S)? ☐ YES ☐ NO
5	HAVE YOU FILED A GRIEVANCE WITH YOUR UNION? ☐ YES ☐ NO NAME OF LOCAL AND REPRESENTATIVE _____
6	HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE ☐ YES ☐ NO NAME OF ATTORNEY ADDRESS _____ PHONE _____
7	THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED: TIME OF DAY _____ MONTH _____ DAY _____ YEAR _____
8	EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU: (attach another piece of paper if you need more space)
9	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)