



NAACP

**Greater Delaware Valley Branch
Legal Redress Committee Complaint Form**

CONFIDENTIAL

DISCLAIMERS: The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Greater Delaware Valley Branch 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 Greater Delaware Valley Branch and the complainant.

CONTACT INFORMATION

1. Name: _____

2. Address: _____

3. Phone Number: _____

4. Email Address: _____

BACKGROUND INFORMATION

5. Are you a member of the NAACP? Yes No

If so, membership number: _____

6. Are you currently represented by an attorney in this matter? Yes No

6a. Has an attorney ever represented you in this matter? Yes No

6b. If so, attorney's name: _____

6c. If so, attorney's phone number: _____

6d. May we contact your attorney? Yes No

7. Have you filed a complaint with any government agency?

(Many filings are subject to strict time limitations.)

Yes No

If so, agency name:

Contact person (if any):

Date:

EEOC

Labor Union

HUD

Human Rights Office

Police Department

Office of Police Complaints

NJ Council

City Service Request

Other:

8. Have you contacted any other nonprofit organization about your complaint?

Yes No

If so, organization name:

Date

COMPLAINT

9. Did the discrimination complained of occur in the Greater Delaware Valley Geographical Jurisdiction

Bordentown City, Bordentown Township, Chesterfield, Fieldsboro, Mansfield

New Hanover, North Hanover, Pemberton Borough, Pemberton Township

Southampton, Springfield, Woodland Township or Wrightstown

Yes No

If no, where? _____

10. What was the basis of the discrimination you experienced? (Check all that apply.)

Race

Marital status

Place of residence or business

Color

Familial status

Matriculation (student status)

National origin

Sex

Personal appearance

Religion

Sexual orientation

Political affiliation

Age

Gender identity or expression

Handicap

Source of income

Other: _____

11. On what date(s) did this occur: _____

12. Who discriminated against you? _____

12a. What is your relationship?
(e.g., employee, tenant, customer) _____

12b. Address: _____

12c. Phone number: _____

12d. Email address: _____

12e. May we contact this person or entity? Yes No

13. Please briefly describe the discrimination you encountered.

14. Were there any witnesses to these events? Yes No

Name	Telephone number:	May we contact him/her?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Have you recorded or saved any evidence? Yes No

If so, please list: _____

Documentary evidence may be attached to this complaint form. However, please do not include any originals.

I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information and belief.

Signature: _____ Date: _____

Please send completed forms to:
NAACP, Greater Delaware Valley Branch
Attn: Legal Redress Committee
PO Box 74
Browns Mills, NJ 08015