



# NAACP Montgomery County- Radford City - Floyd County Branch 7092

## **Alleged Discrimination Report Form**

**CONFIDENTIAL**

### DISCLAIMERS

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Montgomery County-Radford City-Floyd County 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 Montgomery County-Radford City- Floyd County 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

5a. 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

7a. If so, agency name: \_\_\_\_\_ Contact person (if any): \_\_\_\_\_ Date: \_\_\_\_\_

EEOC \_\_\_\_\_

Labor Union \_\_\_\_\_

HUD \_\_\_\_\_

Human Rights Office \_\_\_\_\_

Office of Police Complaints \_\_\_\_\_

U.S. Attorney's Office \_\_\_\_\_

Other: \_\_\_\_\_

8. Have you contacted any other nonprofit organization  
about your complaint?  Yes  No

8a. If so, organization name: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLAINT**

9. Did the discrimination complained of occur in the Montgomery County-Radford City- Floyd County Branch Area?  Yes  No

9a. If no, where? \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sex                            |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Sexual orientation             |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender identity or expression  |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Source of income               |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> Handicap        | <input type="checkbox"/> Matriculation (student status) |
| <input type="checkbox"/> Marital status  | <input type="checkbox"/> Personal appearance            |
| <input type="checkbox"/> Familial status | <input type="checkbox"/> Political affiliation          |
| <input type="checkbox"/> 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



**14.** Were there any witnesses to these events?

**14a.** If so, name:

Telephone number:

May we contact him/her?

\_\_\_\_\_

\_\_\_\_\_

----- Yes ----- No

\_\_\_\_\_

\_\_\_\_\_

----- Yes ----- No

\_\_\_\_\_

\_\_\_\_\_

----- Yes ----- No

\_\_\_\_\_

\_\_\_\_\_

----- Yes ----- No

\_\_\_\_\_

\_\_\_\_\_

----- Yes ----- No

**14b.** How have you tried to resolve the issue?

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**15.** Have you recorded or saved any evidence?

Yes

No

**15a.** If so, please list:

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(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:**

Montgomery County-Radford City-Floyd County Branch NAACP  
Attn: Legal Redress Committee - Fred McKenzie  
P.O. Box 6022  
Christiansburg, VA 24068

Telephone: 540-808-7255  
Email: fredm24068@yahoo.com