



COMPLAINT FORM

NAACP Human Rights Complaint Form

Date of report: _____

(Please check the type of complaint that you are making)

Retaliation Discrimination Harassment Housing Civil Rights violation/Hate crimes

Please select the agency, organization and/or person of which you are filing the complaint against:

Place of Business Employer School District Government Agency Law Enforcement

Other _____

Date(s) incident occurred: _____

****Please provide the following information about yourself****

Name: _____

(First, Middle, Last Name)

Address: _____

Street City, State Zip _____

Home Telephone #: () _____ Work #: () _____

Email address _____

Work Location: _____

Do you currently have an attorney working in your behalf? (Circle One) Yes No Not sure

****If yes, provide information below****

Attorney's Name: _____

Attorney's Address: _____

City, State & Zip: _____



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Attorney's Telephone #: _____ Fax #: _____

Has a lawsuit been filed? (Circle One) Yes No not sure

If yes, when filed? _____ In what city? _____ In what court? _____

Date Filed _____ (mm/dd/yyyy)

Have you filed an EEOC complaint? (Circle One) Yes No Not sure

If yes, when filed? _____ Case # _____ Right to sue letter? Yes No Not sure

Date filed _____ (mm/dd/yyyy)

Have you filed a Fair Employment & Housing complaint? (Circle One) Yes No Not sure

If yes, when filed? _____ Case # _____ Right to sue letter? Yes No Not sure

Date Filed _____ (mm/dd/yyyy)

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

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Please complete the following about your employer and/or complainant:

Employer (or former employer) Name: _____

Address: _____

Street City, State Zip _____

Telephone: (_____) _____ Fax #: (_____) _____

Supervisor's Name: _____ Business Agent/Steward _____

District: _____ Field Base Office _____



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I affirm that the statements I have made above are accurate and true to the best of my knowledge and belief. I hereby voluntarily request the assistance of the NAACP in seeking remedy of the situation described above

I, _____ do hereby authorize the NAACP Legal Redress Committee, and the officers of the NAACP to have access to information and documents which are relevant to my claim of discrimination as described above and to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP is not a legal entity and that the organization has certain limitations as to the scope of their influence and ability.

_____	_____	_____	_____
Signature	Date	Witness	Date

Submit completed forms to:
NAACP Ventura County
Attn: Legal Redress
PO Box 5792
Oxnard, CA 93031

Or email:
info@naacp-venturacounty.org

For questions call (805) 201-0475.

(Internal Use Only) _____

TO BE COMPLETED BY NAACP LEGAL REDRESS

NAACP Human Rights Complaint Form

Date of Branch receipt: _____ Date of Committee receipt: _____

[] Committee Review _____ Date: _____

Committee Action:



COMPLAINT FORM

[] Assigned/Requested Case Number _____ Date _____

Assigned to: _____

[] Logged onto log sheet _____ Date _____

[] Telephone Call _____ Date _____

[] Mailed forms _____ Date _____

[] Referred to _____ Date _____

[] Other _____ Date _____

Committee/Branch notes: (initial and date all notations made)