



NAACP

1918
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2020

A Civil Rights Sentry
for more than
a Century

Civil Rights/Human Rights Complaint Form

Name		Date	
Address			
City		State	Zip Code
Mobile Phone	Home Phone		Work Phone
E-mail Address			

If you are represented by a Union, please select one of the following:

- Police Misconduct Education Employment Housing
 Public Transportation Public Accommodations Banking & Finance Government Agency
 Race Relations Armed Svcs & Veterans Print & Electronic Media Union Representation
 Community Relation Other: _____

Do you currently have an attorney working on your behalf? Yes No

If yes, please complete the following:

Attorney's Name			
Address			
City		State	Zip Code
Phone	E-mail Address		

Has a Lawsuit been filed? Yes No

If yes, please complete the following:

In what City?	In what court?	Date?
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Do you wish to file a civil or criminal appeal? Yes No

Do you have financial resources? Yes No

Have you filed a complaint with EEOC or Fair Housing & Employment? Yes No

If yes, when was it filed?

If this is an employment complaint, please complete the following:

Employer / Former employer			
Address			
City		State	Zip Code
Phone	E-Mail Address		
Supervisor			Phone

If you are represented by a Union, please complete the following:

Union Name		Local No.	
Street Address			
City		State	Zip Code
Phone	E-mail Address		
Business Agent/Steward			Phone

Has a grievance been filed through your union? Yes No

If this is an education complaint, please complete the following:

School Name		School District	
Street Address			
City		State	Zip Code
Principal			Phone
Teacher			Phone
Counselor			Phone
School Resource Officer			Phone
Have you filed any complaints with the school system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type (e.g., Quality Assurance, ...)	Agency (School, District, State....)		Date
Type (e.g., Quality Assurance, ...)	Agency (School, District, State....)		Date
Type (e.g., Quality Assurance, ...)	Agency (School, District, State....)		Date

Please describe your issue in the space provided at the end of this form.

I affirm that the statements that I have made to the NAACP are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP San Diego. I hereby authorize the Little Rock Branch NAACP to have access to information and documents, which are relevant to my claim of discrimination described above.

DISCRIMINATION CLAIMS MUST BE FILED WITH THE APPROPRIATE STATE AND/OR FEDERAL AGENCY IN A TIMELY MANNER. Failure to timely file may prevent the undersigned from pursuing a claim in a court of law. I further understand that I am solely responsible for contacting attorneys and timely filing any and all necessary claims. I further understand that by signing this document, I am agreeing to hold the Little Rock NAACP harmless for any and all damages arising from the NAACP's involvement, or lack thereof. The Little Rock NAACP is not providing legal representation to the undersigned. Any and all communications and documents acquired by the NAACP may be discoverable in a court of law.

The Little Rock Branch NAACP makes every effort to provide some degree of assistance to its members. If you are not a member, please request a membership form or visit Irnaacp.org now and join!

I do hereby authorize the Little Rock Branch NAACP to investigate civil or human rights violations related to my complaint:

Signature of Complaint		Date
Name of Witness		
Signature of Witness		Date
Member #	Membership Payment	

FOR INTERNAL USE ONLY		
Date Received	Referred to	Date Referred

Please describe in detail your issue below in detail:

If you are satisfied that this form is complete, select

You can add any attachments, and/or other officially filed complaint(s) to the email.