

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)

Address: _____

Street City, State Zip

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

Email address _____

Work Location: _____

Do you currently have an attorney working in your behalf? Yes No Not sure

If yes, provide information below

Attorney's Name: _____

Attorney's Address: _____

City, State & Zip: _____

Attorney's Telephone #: _____ Fax #: _____

Has a lawsuit been filed? Yes No Not sure

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

mm/dd/yyyy

Have you filed an EEOC complaint? Yes No Not sure

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

mm/dd/yyyy

Have you filed a Fair Employment & Housing complaint? Yes No Not sure

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

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

Time: _____ Please check the box that best describes when the incident occurred. Before During After Shift

Local Union's Name: _____

Local Union's Address: _____

City, State & Zip: _____

Local Union's Telephone #: _____ Fax #: _____

Has a grievance or complaint been filed? Yes No Not sure

If yes, what is the status of that grievance or complaint? Closed In progress Not sure

Comments: _____

Description of incident: (please copy form if more pages are needed)

I, _____ do hereby authorize the NAACP Legal Redress Committee to investigate my
print name
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, PO Box 782, Seaside, CA 93955. For questions call (831) 394-3727.

