



Complaint of Discrimination

Completing this form does not constitute filing an official complaint with a legal authority. *At this time*, the NAACP is only seeking information to assist you concerning this complaint.

Type of Complaint: Employment____ Housing____ Public Accommodations____

Name: _____ Phone Number: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Was The Discrimination Because of: (Please check **all** that apply)

Race____ Color____ Religion____ National Origin____ Sex____ Sexual Orientation____ Age____ Disability____

Familial Status____ Gender Identify____

Who Discriminated against you? _____

Name: _____ Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness: _____

Evidence: _____

Explain what discriminatory act was committed against you. Additional space please use page 2.

And (other parties if any) _____

Have you filed a complaint with any Governmental Agency (ies)? Which Ones Yes:____ No____

Name of Agency: _____

Have You Retained An Attorney Regarding this Case? Yes:____ No____

Name of Attorney: _____

Address: _____ Phone: _____

The Actual Date or the most Recent Date on which this Discrimination occurred

Time of Day _____ AM _____ PM _____ Month _____ Day _____ Year _____

How did you hear about the NAACP?

I affirm that I have read the above complaint and this is true to the best of my knowledge

Signature of Complainant

Date

