

# 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: \_\_\_\_\_

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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.

# NAACP Human Rights Complaint Form

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

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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)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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, (831) 394-3727 office / (831) 394-1505 fax

