

Witness #1: Available to make statement on your behalf: Yes No		Address:	
		Phone:	
Witness #2 Available to make statement on your behalf: Yes No		Address:	
		Phone:	
(f) What was the effect or impact of the discriminating behavior on you?			
(g) To date, what actions have you taken so far?			
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes No			
Name:		Address:	
		Phone:	
What actions, if any, were taken in response to the complaint or notice of concern?			
Who took these actions?			
When were these actions taken?			
(i) What would you like the NAACP Merced Branch to do for you regarding the discrimination/complaint?			

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Merced Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Merced Branch to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency or private attorney, the NAACP Merced Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Merced Branch harmless for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: _____ Print FULL Name: _____ Date: _____

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Merced Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in envelope marked "CONFIDENTIAL" to:

NAACP Merced Branch
PO Box 1310
Atwater CA 95301

NAACP Complaint Form



National Association for the Advancement of Colored People
NAACP Merced Branch #1047
 PO Box 1310
 Atwater CA 95301
 (209) 726-3236
 Email: secretary@mercednaacp.org
 Website: www.mercednaacp.org

Are you a current member of the NAACP?
 Yes No

DATE:

FOR OFFICE USE ONLY:

DATE RECEIVED:

FOLLOWED UP BY:

Last Name	First Name	Middle Initial
Address		Telephone Number (home)
City, State, Zip		Telephone Number (work) Ext.

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON BOTH PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED. YOU MAY ADD ADDITIONAL PAGES

Do you currently have an attorney? Yes No Attorney's Name Telephone # Fax#	Address City, State, Zip		
Please select all that may apply: (please submit copies with complaint form.) Has a lawsuit been filed? Yes No If yes, when and where?	Please List Agency in which you are filing complaint against: Place of Business Government Agency School District Law Enforcement Other		
Have you filed a complaint with the EEOC? Yes No If yes, when and which office?	(a) Type of discrimination: Civil Rights Violation / Hate Crimes Discrimination Harassment Housing Racial Profiling Retaliation Other:		
Have you filed a complaint with Fair Employment & Housing? Yes No If yes, when and where?			
Other actions taken:			
(b) How were you discriminated against?			
(c) By who were you discriminated? - Include name(s), race, and gender of each:			
Name:	Race:	Gender:	
Name:	Race:	Gender:	
Name:	Race:	Gender:	
(d) Where did the discrimination take place? Cite location/address for each incident:			
Address #1:	City:	State:	Postal code:
Address #2:	City:	State:	Postal code:
(e) Did anyone witness the discrimination that took place?			