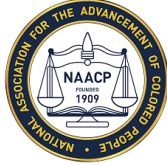


# Merced County Branch NAACP Complaint Form



National Association for the Advancement of Colored People  
**NAACP Merced County Branch #1047**  
 PO Box 1107  
 Merced, CA. 95341 (209)883-6226  
 Email: [mercednaacp1047@gmail.com](mailto:mercednaacp1047@gmail.com)  
 Website: [www.mercednaacp.com](http://www.mercednaacp.com)

Are you a current member of the NAACP?  
 Yes or No

DATE:

**FOR OFFICE  
 USE ONLY:**

DATE RECEIVED:

FOLLOWED UP BY:

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

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 or No Attorney's Name	Address
Telephone # Fax#	City, State, Zip
Please select all that may apply: (please submit copies with complaint form.) Has a lawsuit been filed? Yes or 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 or No If Yes, when and which office?	Type of discrimination: <input type="checkbox"/> Civil Rights Violation <input type="checkbox"/> Hate Crimes <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Housing <input type="checkbox"/> Racial Profiling <input type="checkbox"/> Retaliation <input type="checkbox"/> Other:
Have you filed a complaint with Fair Employment & Housing? Yes or No If yes, when, and where?	
Other actions taken:	
Witness #1:	Address:
Available to make statement on your behalf: Yes or No	Phone:
Witness #2	Address:
Available to make statement on your behalf: Yes or No	Phone:

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What was the effect or impact of the discriminating behavior on you?			
To date, what actions have you taken so far?			
Have you filed a complaint with or notified any other organization or individual regarding this manner?    Yes    or    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?			
What would you like the NAACP Merced Branch to do for you regarding the discrimination/complaint?			
How were you discriminated against?			
By who were you discriminated? - Include name(s), race, and gender of each:			
Name:		Race:	Gender:
Name:		Race:	Gender:
Name:		Race:	Gender:
Where did the discrimination take place? Cite location/address for each incident:			
Address #1	City:	State:	Postal code:
Address #2:	City:	State:	Postal code:
Did anyone witness the discrimination that took place?			
Witness #3		Address:	
Available to make statement on your behalf:    Yes    or    No		Phone:	
Witness #2		Address:	
Available to make statement on your behalf:    Yes    or    No		Phone:	

Merced County Branch NAACP Complaint Form

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

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:

**Merced County NAACP Branch 1047**  
**PO Box 1107**  
**Merced, CA. 95341**

*or email to:*  
**MercedNAACP1047@gmail.com**