



SPRINGFIELD BRANCH NAACP #4081

COMPLAINT FORM

Mail all complaints to NAACP Springfield Branch, P.O. Box 8983
Or email to info@naacpspringfieldmo.org

Please note additional agencies or organizations may receive this complaint form for review purposes. By the NAACP Springfield Branch, forwarding this complaint, you acknowledge the possibility that other agencies or organizations may receive the information contained in this complaint form in order to assist you with your concerns. Assistance from the NAACP Springfield Branch and other agencies or organizations is dependent on their ability and available resources to provide help.

Name: _____

Address, City & State: _____

Phone Number: _____

Email Address: _____

Indicate Type of Complaint(s):

- Civic Engagement • Environmental and Climate Justice • Veteran Issues • Health •
- Economic Opportunity • Criminal Justice • Education • Media Diversity • Legal •

Date(s) of Incident(s): _____

Place of Incident(s): _____

Name of Person(s) who committed the discriminatory act(s): _____

Names of Witnesses to Incident(s): _____

Please describe the incident(s) in detail. List pertinent facts and cite specific details relating to your complaint of discrimination, i.e., what act of discrimination occurred? Be as specific as possible: (additional pages maybe added if needed).

Are you currently being represented by an Attorney? Yes • No •

Give Attorney's Name: _____

What Help are you seeking from the NAACP? _____

Complainant Signature: _____ Date: _____

National Association for the Advancement of Colored People "NAACP"

P.O. Box 8983, Springfield, MO 65801

Phone: (417) 873-6386 · Email: info@naacpspringfieldmo.org