

NAACP PRELIMINARY COMPLAINT FORM FOR ON-LINE USE

A supplemental Form May Be Required

NAME: _____
(First Middle Last)

ADDRESS: _____
(Number Street Apt. No.)

(City State Zip Code)

CONTACT INFO: _____
(Area Code/Day Phone & Email Address)

ETHNICITY/RACE: _____ SEX _____ AGE _____ DOB ____/____/____

NAACP MEMBER : YES ___ (Regular___ Life___ Silver___ Gold___ Diamond ___)

PAST MEMBER ___ YES _____ NO

(Please note that you do not have to be a member to make a complaint)

RESPONDENT (party you are filing complaint against):

Name: _____

Company (if applicable): _____

Address: _____

Telephone Number: _____

Contact Person (if any): _____

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Number of Employees: ____ Are you a member of a union? __ YES __ NO

Union (if any): _____

Union Representative: _____

Area Code/Telephone No: _____

CAUSE OF DISCRIMINATION OR CIVIL RIGHTS COMPLAINT:

Race: ____ Color: _____ National Origin: _____

Sex: _____ Age: _____ Marital Status: _____

Height: ____ Weight: _____ Familial Status: _____

Physical or Mental Disability: _____ Arrest record: _____

Religion: _____ Other: _____

AREA OF COMPLAINT:

Employment: ____ Housing: ____ Education: _____

Public Accommodation: _____ Public Service: _____

Other: _____

BRIEFLY DESCRIBE YOUR COMPLAINT

Have you retained an attorney to handle this matter? _____ Yes _____ No

Has a Complaint been filed with:

Department of Civil Rights (MDCR) __ YES __ NO

Equal Employment Opportunity Commission (EEOC) __ YES __ NO

_____ Human Rights Department __ YES __ NO

Have you tried to discuss/resolve this problem with the Respondent? __ YES __ NO

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What is your desired outcome:
