



Complaint of Discrimination

Date: _____

First Name:	Last Name:
Home Number:	Cell Number:
DOB: Sex:	Work Number:
Address:	City: State: Zip:
Email:	

Are you a NAACP Member: YES () NO ()

Was the discrimination because of: (Please check all that apply)

Employment () Housing () Law Enforcement () Education () Retail ()
National Origin () Other () _____

Please only complete the areas below that apply to the discrimination

Employment

Company Name:	Address:
Supervisor Name:	Union Steward Name:
Union Name:	Phone Number:
Did you file a complaint in writing: Yes ()-attach a copy No ()	Did you receive a response back: Yes ()-attach a copy No ()
Did you file your complaint in writing to company owner or president? YES ()-attach a copy NO ()	Length of Employment: _____ Number of Absences: _____ Number of Days Late: _____



Complaint of Discrimination (continued)

Law Enforcement

Department/District:	Officer's Name: Car/Badge Number:
Police Report on File: YES ()-attach a copy NO ()	Ticket Issued: YES () NO ()
Did you write a compliant to Police Chief/Council Person/Mayor: YES ()-attach a copy NO ()	Did you receive a response back from Police Chief/Council Person/Mayor: YES ()-attach a copy NO ()

Education

Name of School/College:	Name of Principal/Dean:
Address:	Phone Number:
Did you submit a written complaint to the Board of Education/Principal/Dean: YES ()-attach a copy NO ()	Did you receive a response back in writing or phone: YES ()-attach a copy NO ()

Housing

Name of Landlord/Management Company:	Address:
Date/Year Lease was signed: How long at address:	Rent Amount: Deposit Amount:
Have you called Fair Housing/Tenants Association/Council Person: YES: ()-attach a copy NO ()	Have you written to your Owner/Management Company: Y()N () Was there a response: Y () -COPY N ()



