



Greater Huachuca Area Branch
National Association for the Advancement of Colored People
PO Box 477
Sierra Vista, AZ 85635

COMPLAINT FORM

Based on race color, religion, national origin, sex, age, handicapped status

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.

Mail the completed form to the address listed above

1. Your Name: _____ Street Address: _____

City/State/Zip: _____

Home phone: _____ Email: _____ Alternate phone: _____

2. WAS THE DISRIMINATION BEAUSE OF: (please check those that apply)
___ Race or color ___ Religion ___ National Origin ___ Sex ___ Handicap ___ Other

Explain: _____

3. Who discriminated against you? Give name and address of employer, school, organization, employment agency, licensing agency, etc.

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

(Please list other parties)

4. Have you filed a complaint with any government agency/agencies? ___ Yes ___ No (Which ones?)

5. Have you filed any grievance with your union or agency? Yes:___ No:___ Name of local and representative:

6. Have you retained an attorney regarding this case? Yes: ___ No: ___

Attorney Name: _____

Address: _____ Phone: _____

7. The most recent date on which this discrimination occurred: _____

On separate paper, explain the details of the discrimination. If you provide documents, **make sure they are copies, not originals**. Please note how many documents are enclosed: _____

Our mission is to address discrimination in all its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys.

I fully understand the limitations outlined above. _____ (initials)

I hereby authorize the NAACP to:

- 1. Communicate with the people whom I have alleged to have discriminated against me.
- 2. Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of complainant: _____

Date: _____

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance.

Additional Information and Notes:

Office use **ONLY**

Date Received:

Close Date: