National Association for the Advancement of Colored People
NAACP Tri-City Branch
P.O. Box 3364
Fairfield, CA 94533
http://www.tri-citynaacp.org

Civil Rights/Human Rights Complaint Form

Name			Date
Address			
City		State	Zip Code
Mobile Phone	Home Phone		Work Phone
E-mail address			

☐ Police Misconduct ☐ Education ☐ Employment ☐ Housing
☐ Public Transportation ☐ Public Accommodations ☐ Banking & Finance ☐ Government Agency
☐ Race Relations ☐ Armed Svcs & Veterans ☐ Print & Electronic Media ☐ Union Representation
☐ Community Relations ☐ Other: _____

Do you currently have an attorney working on your behalf? ☐ Yes ☐ No

If yes, please complete the following:

Attorney's Name			
Address			
City		State	Zip Code
Phone	E-mail address		

Has a Lawsuit been filed? ☐ Yes ☐ No

If yes, please complete the following:

In what City?	In what court?	Date?

Do you wish to file a civil or criminal appeal? ☐ Yes ☐ No

Do you have financial resources? ☐ Yes ☐ No

Have you filed a complaint with EEOC or Fair Housing & Employment? ☐ Yes ☐ No

If yes, when was it filed? _____

If this is an employment complaint, please complete the following:

Employer or former employer			
Address			
City		State	Zip Code
Phone	E-mail address		
Supervisor			Phone

If you are represented by a Union, please complete the following:

Union Name			Local No.
Address			
City		State	Zip Code
Phone	E-mail address		
Business Agent/Steward			Phone
Has a grievance been filed through your union? ☐ Yes ☐ No			

If this is an education complaint, please complete the following:

School Name	School District	
Address		
City	State	Zip Code
Principal		Phone
Teacher		Phone
Counselor		Phone
School Resource Officer		Phone

Have you filed any complaints with the school system? ☐ Yes ☐ No

Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date
Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date
Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date

Please describe your issue in the space provided at the end of this form.

I affirm that the statements that I have made to the NAACP are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Tri-City Branch NAACP. I hereby authorize the Tri-City Branch NAACP to have access to information and documents, which are relevant to my claim of discrimination described above.

DISCRIMINATION CLAIMS MUST BE FILED WITH THE APPROPRIATE STATE AND/OR FEDERAL AGENCY IN A TIMELY MANNER. Failure to timely file may prevent the undersigned from pursuing a claim in a court of law. I further understand that I am solely responsible for contacting attorneys and timely filing any and all necessary claims. I further understand that by signing this document, I am agreeing to hold the Tri-City Branch NAACP harmless for any and all damages arising from the NAACP's involvement, or lack thereof. The Tri-City Branch NAACP is not providing legal representation to the undersigned. Any and all communications and documents acquired by the NAACP may be discoverable in a court of law.

The Tri-City Branch NAACP makes every effort to provide some degree of assistance to its members. If you are not a member, please request a membership form by emailing membership@tri-citynaacp.org

I do hereby authorize the Tri-City Branch of the NAACP to investigate civil or human rights violations related to my complaint:

Signature of Complainant	Date
Name of Witness	
Signature of Witness	Date
Member #	Membership Payment

Complete this fillable PDF Form, Print, sign and mail/email to:

Tri-City Branch NAACP

ATTN: Leagal Redress Committee Chair
P.O. Box 3364
Fairfield CA, 94533

president@tri-citynaacp.org

FOR INTERNAL USE ONLY

Date Received	Referred to	Date Referred

Please describe your complaint below. Feel free to use additional paper as needed. Be sure to attach any supporting documents as well: