**NAACP Branch #3170**
**2945 Wells Drive, Lima, OH 45804**
**Naacpunit3170@gmail.com**
**419-516-1122**

# Complaint of Discrimination

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

Name: _____

Address: _____

_____

Phone Number: _____

E-Mail Address: _____

What was the discrimination based on? (Please check all that apply)

| | | |
|---|---|---|
| Race/Color ( )<br>National Origin ( )<br>Religion/Faith ( )<br>Disability ( )<br>Sexual Harassment ( ) | Age ( )<br>Disability ( )<br>Sexual Orientation ( )<br>(homophobia)<br>Employment ( ) | Reprisal/<br>Retaliation ( )<br>Other ( )<br>_____<br>_____ |

Who discriminated against you? *(Employer, organization, agency, school, etc.)*

Name: _____

Address: _____

Additional Parties *(If any)* _____

Date of Occurrence: _____ Time of Occurrence: _____

Have you filed a grievance with any governmental agency? Yes ( ) or No ( )

Yes ( ) If yes, which agency?_____

Have you filed a grievance with your union? Yes ( ) No ( )

Union Representative: _____

Have you filed with Equal Employment Opportunity Commission?

Yes ( ) No ( )

EEOC Name: _____
Local Representative:_____

Have you retained an attorney regarding this case? Yes ( ) No ( )

Attorney's Name: _____

Phone Number: _____

Address: _____

_____

What is your race/ethnicity?

American Indian or Alaskan Native ( )
Asian ( )
Native Hawaiian/Other Alaskan Native ( )
Other ( ) _____
Hispanic or Latino ( )
Caucasian ( )
Black or African American ( )

What is your gender?

Male ( )
Female ( )
Transgender ( )
Other ( ) _____

What is your age? _____

Explain details of incident: *(Attach additional pages if necessary)*
If you provide documents, **make sure they are copies, not originals.**
Please note how many documents are enclosed: _____

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Our mission is to address discrimination in all its forms. **We are not attorneys.** If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six (6) months. I fully understand the limitations outlined above. _____ (initials)

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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:

_____

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_____

_____

Date Received: _____ Closed Date: _____

**(PLEASE RETURN FORM TO OFFICE LOCATED ON FRONT)**