

Civil & Human Rights Complaint Form

<h1 style="margin: 0;">NAACP</h1> <p>National Association for Advancement of Colored People Mansfield Unit #3190 Please complete this form in its entirety and return to: P.O Box 1044 Mansfield Ohio 44902 or by email to info@naacpmansfieldoh.org 419-522-9894</p>	<p>Are you a current member of the NAACP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Date: _____</p> <p style="text-align: center; color: red; font-weight: bold;">FOR OFFICE USE ONLY</p> <p>DATE RECEIVED: _____</p> <p>FOLLOWED UP BY: _____</p>	
Last Name	First Name	Middle Initial
Address	Telephone Number (Cell)	
City, State, Zip	Email	

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON Both PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

<p>Do you current have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Attorney's Name _____ Telephone # _____ Fax # _____</p>	<p>Address _____</p> <hr/> <p>City, State, Zip _____</p>
<p>Please select all that may apply (please submit copies with form)</p> <p><input type="checkbox"/> Has a lawsuit been filed? ___ Yes ___ No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with EEOC? _Yes _No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with Fair Employment & Housing? ___Yes ___No If yes, when? _____</p>	<p>Please list agency against which you are filing complaint: ___Place of Business ___Government Agency ___School District ___Law Enforcement ___Other</p> <hr/> <p>Indicate type of discrimination: <input type="checkbox"/> Civil Rights Violation/Hate Crime <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Housing <input type="checkbox"/> Racial Profiling <input type="checkbox"/> Retaliation <input type="checkbox"/> Other: _____</p>
<p>How were you discriminated against?</p>	

Who discriminated against you? Include name(s), race, and gender of each.		
Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:
Where did the discrimination take place		
Address #1:	City, State, Zip:	
Address #1:	City, State, Zip:	
Did anyone witness the discrimination that took place?		
Witness #1:	Address:	
Available to make statement on your behalf: ___Yes ___No	Phone:	
Witness #2:	Address:	
Available to make statement on your behalf: ___Yes ___No	Phone:	
What was the effect of the discrimination on you?		
To date, what actions have you taken so far?		
Have you filed a complaint with or notified any other organization or individual regarding this matter? ___Yes ___No		
Name:	Address:	
	Phone:	
What actions, if any, were taken in response to the complaint or notice of concern?		
Who took these actions?		
When were these actions taken?		
What would you like the NAACP to do for you regarding the discrimination?		

Release of Liability

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the **Mansfield NAACP Unit** in seeking a remedy to the situation described above. I hereby authorize the officers of the **Mansfield NAACP Unit** to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the **Mansfield NAACP Unit WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the Mansfield NAACP Unit** harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature: _____ Print FULL name: _____

Date: _____

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the Mansfield NAACP Unit is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "Confidential" to: Mansfield NAACP Unit PO Box 1044 3 N. Main Street, Mansfield Ohio 44902