

Civil & Human Rights Complaint Form



NAACP

National Association for the Advancement of Colored People

Beaver County Branch #2372

524 Franklin Ave. Aliquippa, Pa. 15001

Phone: 724 378-7882

Email: bcnaacp@franklincenter.org

Website: www.beavercountynaacp.org

Are you a current member of the NAACP?

Yes ___ No ___

Date: _____

OFFICIAL USE ONLY

Date Received: _____

Followed up by: _____

Notes: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Home number: _____

Cell: _____

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.

Do you currently have an Attorney? Yes: ___ No: ___

Attorney's Name: _____

Phone: _____ Fax: _____

Attorney's Address: _____

City, State, Zip: _____

Email: _____

Please select all that may apply: (please submit copies with complaint form.)

Has a lawsuit been filed? Yes ___ No ___
If yes, when? _____

Have you filed a complaint with the EEOC? Yes ___ No ___
If yes, when? _____

Have you filed a complaint with Fair Employment & Housing?
If yes, when? _____

Please List Agency in which you are filing complaint against:

___ Place of Business ___ School District ___ Government Agency
___ Law Enforcement ___ Other: _____

(a) Type of discrimination:

___ Civil Rights Violation / Hate Crimes
___ Discrimination
___ Harassment
___ Housing
___ Racial Profiling
___ Retaliation
___ Other: _____

(b) How were you discriminated against? _____

(c) By whom were you discriminated? - Include name(s), race, and gender of each:

Name: _____
Name: _____
Name: _____
Name: _____

Race: _____
Race: _____
Race: _____
Race: _____

Gender: _____
Gender: _____
Gender: _____
Gender: _____

(d) Where did the discrimination take place? Address, City, Zip: _____

(e) Did anyone witness the discrimination that took place? Yes: ___ No: ___

(f) Are witnesses available to make a statement on your behalf? Yes: ___ No: ___

Witness #1: _____ Cell Phone: _____

Email: _____ Best time to call: _____

Witness #2: _____ Cell Phone: _____

Email: _____ Best time to call: _____

(g) What was the effect or impact of the discriminating behavior on you? _____

(h) To date, what actions have you taken so far? _____

(i) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes ___ No ___

Name: _____ Address: _____

Phone: _____ Email: _____

What actions, if any, were taken in response to the complaint or notice of concern? _____

Who took these actions? _____ When were these actions taken? _____

(h) 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 North San Diego County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the NSDC NAACP Branch 1086 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 Beaver County NAACP Branch WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the Beaver County NAACP Branch harmless for any and all damages arising as a result of my case being mis-handled, negligently handled or improperly handled in any way.

Signature: _____ Print Name: _____ Date: _____

NON-RETALIATION REQUIREMENTS

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 Beaver County NAACP Branch 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:

**Beaver County NAACP
524 Franklin Ave. Aliquippa, Pa. 15001**