**Civil & Human Rights Complaint Form**

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| NAACP  **http://images.fineartamerica.com/images-small/seal-naacp-granger.jpgNational Association for Advancement of Colored People**  Waco Branch (Unit #6234)  PO Box 20511  Waco, TX 76702  254-644-3004  waconaacp@gmail.com | Are you a current member of the NAACP?   * Yes * No |
| **Date:** |
| FOR OFFICE USE ONLY  **DATE RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **FOLLOWED UP BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 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.**

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| Do you current have an attorney?   * Yes * No   Attorney’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address | | | | |
| City, State, Zip | | | | |
| Please select all that may apply (please submit copies with form)   * Has a lawsuit been filed? \_\_\_ Yes \_\_\_No   If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Have you filed a complaint with EEOC? \_\_Yes \_\_No   If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Have you filed a complaint with Fair Employment & Housing? \_\_\_\_Yes \_\_\_\_No   If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please list agency against which you are filing complaint:  \_\_\_Place of Business \_\_\_\_Government Agency  \_\_\_School District \_\_\_\_Law Enforcement \_\_\_Other | | | | |
| Indicate type of discrimination:   * Civil Rights Violation/Hate Crime * Discrimination * Harassment * Housing * Racial Profiling * Retaliation * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| How were you discriminated against? | | | | | |
| 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:  Available to make statement on your behalf:  \_\_\_\_Yes \_\_\_\_No | | Address: | | | |
| Phone: | | | |
| Witness #2:  Available to make statement on your behalf:  \_\_\_\_Yes \_\_\_\_No | | Address: | | | |
| 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 Waco McLennan Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the WM-NAACP #6234 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 **WM-NAACP Branch #6234 WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the WM-NAACP Branch** 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 WM-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:** Waco McLennan NAACP; PO Box 20511; Waco, TX 76702.