

# DISCLAIMERS

NAACP Fort Wayne/Allen County Indiana Branch#3049

Rev. Dr. Saharra Bledsoe, President

Legal Redress Committee: Jihad Muhammad Acting Chair 260-443-6096

**CONFIDENTIAL COMPLAINT FORM**

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Washington, DC, branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Washington, DC, Branch and the complainant.

# CONTACT INFORMATION

1. Name:
2. Address:
3. Phone Number:
4. Email Address:

# BACKGROUND INFORMATION

1. Are you a member of the NAACP?  Yes  No

**5a.** If so, membership number:

1. Are you currently represented by an attorney in this matter?  Yes  No **6a.** Has an attorney ever represented you in this matter?  Yes  No **6b.** If so, attorney’s name:

**6c.** If so, attorney’s phone number:

**6d.** May we contact your attorney?  Yes  No

1. Have you filed a complaint with any government agency? (Many filings are subject to strict time limitations.)

 Yes  No

**7a.** If so, agency name: Contact person (if any): Date:

 EEOC

 Labor Union  HUD

 Human Rights Office  Police Department

 Office of Police Complaints  U.S. Attorney’s Office

 DC Council

 City Service Request

 Other:

1. Have you contacted any other nonprofit organization about your complaint?

 Yes  No

**8a.** If so, organization name: Date:

# COMPLAINT

1. Did the discrimination complained of occur in the District of Columbia?

 Yes  No

**9a.** If no, where?

1. What was the basis of the discrimination you experienced? (Check all that apply.)

 Race  Color

 National origin  Religion

 Age

 Handicap

 Marital status  Familial status

 Sex

 Sexual orientation

 Gender identity or expression  Source of income

 Place of residence or business  Matriculation (student status)  Personal appearance

 Political affiliation

 Other:

|  |  |  |
| --- | --- | --- |
| **11.** | On what date(s) did this occur: |  |
| **12.** | Who discriminated against you? |  |
|  | **12a.** What is your relationship?(e.g., employee, tenant, customer) |   |

**12b.** Address:

**12c.** Phone number:

**12d.** Email address:

**12e.** May we contact this person or entity?  Yes  No



**14a.** If so, name: Telephone number: May we contact him/her?

 Yes  No

 Yes  No

 Yes  No

 Yes  No

 Yes  No

**15.** Have you recorded or saved any evidence?  Yes  No

**15a.** If so, please list:

(Documentary evidence may be attached to this complaint form.

However, please do not include any originals.)

I do hereby authorize representatives from the NAACP Legal Redress Committee to investigate and obtain information regarding this complaint on my behalf

 Yes  No

## I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.

Signature: Date:

##  Please send postal mail or put into the mail slot at the address listed below:

NAACP

Attn: Legal Redress Committee 1307 E. Lewis St.

Ft. Wayne, IN. 46803

**Website: naacpfwac.org**