



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**

### DISCLAIMERS

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**

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

5a. If so, membership number: \_\_\_\_\_

6. 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

7. 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: \_\_\_\_\_

8. Have you contacted any other nonprofit organization about your complaint?  Yes  No

8a. If so, organization name: \_\_\_\_\_ Date: \_\_\_\_\_

## COMPLAINT

9. Did the discrimination complained of occur in the District of Columbia?  Yes  No

9a. If no, where? \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Sex                            |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Sexual orientation             |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender identity or expression  |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Source of income               |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> Handicap        | <input type="checkbox"/> Matriculation (student status) |
| <input type="checkbox"/> Marital status  | <input type="checkbox"/> Personal appearance            |
| <input type="checkbox"/> Familial status | <input type="checkbox"/> 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



14. Were there any witnesses to these events?  Yes  No

14a. If so, name:	Telephone number:	May we contact him/her?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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](http://naacpfwac.org)**