



Erie Branch NAACP  
P.O. Box 1681  
Erie, PA 16507

### COMPLAINT FORM

Based on race, color, religion, national origin, sex, age, handicapped status, other.

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the

NAACP is only seeking information to assist you concerning this complaint.

Mail the completed form to the address listed above

1. Your Name:

\_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

2. WAS THE DISRIMINATION BEAUSE OF: (please check those that apply)

\_\_\_\_ Race or color \_\_\_\_ Religion \_\_\_\_ National Origin \_\_\_\_ Sex \_\_\_\_ Handicap \_\_\_\_ Other

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who discriminated against you? Give name and address of employer, school, organization, place of employment, employment agency, licensing agency, etc.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

(Please list other parties)

\_\_\_\_\_  
\_\_\_\_\_

4. Have you filed a complaint with any government agency/agencies? \_\_\_Yes \_\_\_No Which ones?

\_\_\_\_\_  
\_\_\_\_\_

5. Have you filed any grievance with your union or agency? Yes:\_\_\_ No:\_\_\_ Name of local and representative:

\_\_\_\_\_

6. Have you retained an attorney regarding this case? Yes: \_\_\_ No: \_\_\_

Attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. The most recent date on which this discrimination occurred: \_\_\_\_\_

On separate paper, explain the details of the discrimination. If you provide documents, make sure they are copies, not originals. Please note how many documents are enclosed: \_\_\_\_\_

Our mission is to address discrimination in all its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys. If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six months.

I fully understand the limitations outlined above. \_\_\_\_\_ (initials)

I hereby authorize the NAACP to:

1. Communicate with the people whom I have alleged to have discriminated against me.
2. Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE

**BEST OF MY KNOWLEDGE AND BELIEF**

Signature of complainant: \_\_\_\_\_

Date: \_\_\_\_\_

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance.

Additional Information and Notes:

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Office use ONLY

Date Received:            Close Date: