

Witness #1: Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: <hr/> Phone:
Witness #2 Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: <hr/> Phone:
(f) What was the effect or impact of the discriminating behavior on you?	
(g) To date, what actions have you taken so far?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Address: <hr/> 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?	
(i) 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 Mystic Valley Area Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the MVA-NAACP Branch #2054 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 **MVA-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 MVA-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 MVA-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:

Mystic Valley Area Branch
 P.O. Box 97
 Medford, MA 02155