

Civil & Human Rights Complaint Form



NAACP

National Association for the Advancement of Colored People

Mystic Valley Area Branch #2054

Post Office Box 132

Medford, MA 02156

Email: info@mva-naacp.org Website: www.mva-naacp.org

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 (home)
City, State, Zip		Telephone Number (work) Ext.

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.

<p>Do you currently have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attorney's Name _____</p> <p>Telephone # _____ Fax# _____</p>	<p>Address _____</p> <p>City, State, Zip _____</p>									
<p>Please select all that may apply: (please submit copies with complaint form.)</p> <p><input type="checkbox"/> Has a lawsuit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with the EEOC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with Fair Employment & Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____</p>	<p>Please List Agency in which you are filing complaint against:</p> <p><input type="checkbox"/> Place of Business <input type="checkbox"/> Government Agency <input type="checkbox"/> School District <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other</p> <p>(a) Type of discrimination:</p> <p><input type="checkbox"/> Civil Rights Violation / Hate Crimes <input type="checkbox"/> Discrimination <input type="checkbox"/> Harrassment <input type="checkbox"/> Housing <input type="checkbox"/> Racial Profiling <input type="checkbox"/> Retaliation <input type="checkbox"/> Other: _____</p>									
<p>(b) How were you discriminated against?</p>										
<p>(c) By whom were you discriminated? - Include name(s), race, and gender of each:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name:</td> <td style="width: 30%;">Race:</td> <td style="width: 30%;">Gender:</td> </tr> <tr> <td>Name:</td> <td>Race:</td> <td>Gender:</td> </tr> <tr> <td>Name:</td> <td>Race:</td> <td>Gender:</td> </tr> </table>		Name:	Race:	Gender:	Name:	Race:	Gender:	Name:	Race:	Gender:
Name:	Race:	Gender:								
Name:	Race:	Gender:								
Name:	Race:	Gender:								
<p>(d) Where did the discrimination take place? Cite location/address for each incident:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Address #1:</td> <td style="width: 25%;">City:</td> <td style="width: 25%;">State:</td> <td style="width: 25%;">Postal code:</td> </tr> <tr> <td>Address #2:</td> <td>City:</td> <td>State:</td> <td>Postal code:</td> </tr> </table>		Address #1:	City:	State:	Postal code:	Address #2:	City:	State:	Postal code:	
Address #1:	City:	State:	Postal code:							
Address #2:	City:	State:	Postal code:							
<p>(e) Did anyone witness the discrimination that took place?</p>										

Witness #1: Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:
	Phone:
Witness #2 Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:
	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:
	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 Mystic Valley Area Branch 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 Mystic Valley Area 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 Mystic Valley Area 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: _____

NON-RETALIATION REQUIREMENTS

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 Mystic Valley Area 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 NAACP

P.O. Box 132

Medford, MA 02156