



Washington, DC NAACP Branch

Complaint of Discrimination

Completing this form does not constitute an official complaint with a legal authority.
At this time, the NAACP is only seeking information to assist you concerning this complaint.

Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

What was the discrimination based on? *(Please check all that apply)*

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Sex	<input type="checkbox"/> Reprisal/Retaliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Other
<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	

Who discriminated against you? *(Employer, organization, agency, etc.)*

Name: _____

Address: _____

Additional Parties *(If any)* _____

Date of Occurrence: _____ Time of Occurrence: _____

Explain Incident: *(Attach additional pages if necessary)*

Have you filed a grievance with any governmental agency?

Yes (If yes, which agency?) _____

No

Have you filed a grievance with your union?

Yes

No

Union Representative: _____

Have you filed with Equal Employment Opportunity Commission?

Yes No

EEOC Name: _____

Local Representative: _____

Have you retained an attorney regarding this case? Yes No

Attorney's Name: _____

Phone Number: _____

Address: _____

Are you a member of the NAACP? Yes No

If yes, which Branch? _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Signature: _____

Date: _____

Mail Completed Form To:

NAACP, DC Branch

1000 U Street, NW

Washington, DC 20001

(202) 667-1700 Phone