


## Civil & Human Rights Complaint Form

<h1 style="margin: 0;">NAACP</h1>  <p style="margin: 5px 0;">National Association for Advancement of Colored People Mansfield</p> <p style="margin: 5px 0;">419-522-9894 naacpmansfieldoh@gmail.com</p>	Are you a current member of the NAACP? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date: _____
	<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED: _____ FOLLOWED UP BY: _____	
Last Name _____ First Name _____ Middle Initial _____	
Address _____	Telephone Number (Cell) _____
City, State, Zip _____	Email _____

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.

Do you current have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Attorney's Name _____ Telephone # _____ Fax # _____	Address _____ City, State, Zip _____
Please select all that may apply (please submit copies with form) <input type="checkbox"/> Has a lawsuit been filed? ___ Yes ___ No If yes, when? _____  <input type="checkbox"/> Have you filed a complaint with EEOC? __ Yes __ No If yes, when? _____  <input type="checkbox"/> Have you filed a complaint with Fair Employment & Housing? ___ Yes ___ No If yes, when? _____	Please list agency against which you are filing complaint: ___ Place of Business    ___ Government Agency ___ School District    ___ Law Enforcement    ___ Other  Indicate type of discrimination: <input type="checkbox"/> Civil Rights Violation/Hate Crime <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Housing <input type="checkbox"/> Racial Profiling <input type="checkbox"/> Retaliation <input type="checkbox"/> Other: _____
How were you discriminated against? _____	

Who discriminated against you? Include name(s), race, and gender of each.		
Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:
Where did the discrimination take place		
Address #1:	City, State, Zip:	
Address #1:	City, State, Zip:	
Did anyone witness the discrimination that took place?		
Witness #1:	Address:	
Available to make statement on your behalf: ___Yes      ___No	Phone:	
Witness #2:	Address:	
Available to make statement on your behalf: ___Yes      ___No	Phone:	
What was the effect of the discrimination on you?		
To date, what actions have you taken so far?		
Have you filed a complaint with or notified any other organization or individual regarding this matter? ___Yes ___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?		
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 **Mansfield NAACP Unit** in seeking a remedy to the situation described above. I hereby authorize the officers of the **Mansfield NAACP Unit** 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 **Mansfield NAACP Unit WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the Mansfield NAACP Unit** 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 **Mansfield NAACP Unit** 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: **Mansfield NAACP Unit PO Box 1044 3 N. Main Street, Mansfield Ohio 44902**