

Civil Rights/Human Rights Complaint Form

Name		Date
Address		
City	State	Zip Code
Mobile Phone	Home Phone	Work Phone
E-mail address		

- ☐ Police Misconduct ☐ Education ☐ Employment ☐ Housing
☐ Public Transportation ☐ Public Accommodations ☐ Banking & Finance ☐ Government Agency
☐ Race Relations ☐ Armed Svcs & Veterans ☐ Print & Electronic Media ☐ Union Representation
☐ Community Relations ☐ Child Protective Services ☐ Other: _____

Do you currently have an attorney working on your behalf? ☐ Yes ☐ No

If yes, please complete the following:

Attorney's Name		
Address		
City	State	Zip Code
Phone	E-mail address	

Has a Lawsuit been filed? ☐ Yes ☐ No

If yes, please complete the following:

In what City?	In what court?	Date?
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Do you wish to file a civil or criminal appeal? ☐ Yes ☐ No

Do you have financial resources? ☐ Yes ☐ No

Have you filed a complaint with EEOC or Fair Housing & Employment? ☐ Yes ☐ No

If yes, when was it filed? _____

If this is an employment complaint, please complete the following:

Employer or former employer			
Address			
City		State	Zip Code
Phone	E-mail address		
Supervisor			Phone

If you are represented by a Union, please complete the following:

Union Name		Local No.	
Address			
City		State	Zip Code
Phone	E-mail address		
Business Agent/Steward			Phone
Has a grievance been filed through your union? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If this is an education complaint, please complete the following:

School Name	School District	
Address		
City	State	Zip Code
Principal		Phone
Teacher		Phone
Counselor		Phone
School Resource Officer		Phone

Have you filed any complaints with the school system? ☐ Yes ☐ No

Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date
Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date
Type (eg, Quality Assurance, ...)	Agency (School, District, State...)	Date

Please describe your issue in the space provided at the end of this form.

I affirm that the statements that I have made to the NAACP are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Orange County (CA). I hereby authorize the NAACP Orange County (CA) Branch to have access to information and documents, which are relevant to my claim of discrimination described above.

DISCRIMINATION CLAIMS MUST BE FILED WITH THE APPROPRIATE STATE AND/OR FEDERAL AGENCY IN A TIMELY MANNER. Failure to timely file may prevent the undersigned from pursuing a claim in a court of law. I further understand that I am solely responsible for contacting attorneys and timely filing any and all necessary claims. I further understand that by signing this document, I am agreeing to hold the NAACP Orange County (CA) Branch harmless for any and all damages arising from the NAACP's involvement, or lack thereof. **The NAACP Orange County (CA) Branch is not providing legal representation to the undersigned.** Any and all communications and documents acquired by the NAACP may be discoverable in a court of law.

The Orange County (CA) NAACP makes every effort to provide some degree of assistance to its members. If you are not a member, please request a membership form or visit info.naacpoc.org now and join.

I do hereby authorize the Orange County (CA) NAACP to investigate civil or human rights violations related to my complaint:

Signature of Complainant		Date
Name of Witness		
Signature of Witness		Date
Member #	Membership Payment	

Please attach a copy of any official complaints you have filed.

Print this form, sign and mail or email to:

NAACP Orange County (CA) Branch #1052-B
P.O. Box 3141
Santa Ana, CA, 92703
info@ncaapoc.org

FOR INTERNAL USE ONLY		
Date Received	Referred to	Date Referred



Please describe your issue below:

[illegible]

[illegible]