
WHAT TO TELL US

Answer all questions and be as specific as possible. These directions are numbered to match the questions on the form.

Question 1: Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.

Question 2: Please check the box that indicates what you believe to be the cause of discrimination. If other, please state what other.

Question 3: If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination, list them on the last line of section 3.

Questions 4, 5 and 6: If you have consulted an attorney or filed this complaint with a state or local human relations commission, Federal government, union or agency, check "yes" and give the name of entity.

Question 7: Give the day, month and year of most recent date the discrimination took place. In some instances, the discrimination may be continuing. For example, seniority lines are segregated.

Question 8: Tell us as much as you can. For example: Were you fired? Did you fail to get a promotion: Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age or other?

Question 9: Sign your name, and mail or take to the nearest NAACP Unit.

INSTRUCTIONS TO NAACP UNITS

NAACP Units should refer complaints alleging employment discrimination to an appropriate agency for official investigation, i.e., EEOC, State or Local Human Rights Commission. Labor and Industry Committees of local NAACP Units are further encouraged to forward the information on this form to an appropriate agency and to monitor the agency's work on all cases referred by the NAACP. To the extent resources allow, NAACP Units may provide other supportive assistance to the complainant.

In virtually all instances of employment discrimination, complainants will lose their right to any form of legal remedy if they do not file a complaint with the EEOC within 180 days of the event of the alleged discriminatory conduct and/or act. If your state has a human or civil rights commission, then this time period is expanded to 300 days. If there is any doubt, file with 180 days just to be sure.

COMPLAINT OF DISCRIMINATION



Based on race, color, religion, national origin, sex, age, handicapped status

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

**MAIL OR DELIVER TO
NAACP UNIT:** _____

ADDRESS OF UNIT: _____

Please print or type

YOUR NAME _____ PHONE NUMBER _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

WAS THE DISCRIMINATION BECAUSE OF: (Please check those that apply)

RACE OR COLOR RELIGION NATIONAL ORIGIN SEX AGE HANDICAPPED STATUS OTHER

WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, LICENSING AGENCY, ETC. (List all)

NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

AND (Other parties, if any) _____

HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY? IF YES WHICH ONE(S) AND WHEN?

YES NO

HAVE YOU FILED A GRIEVANCE WITH YOUR UNION YES NO

NAME OF LOCAL REPRESENTATIVE _____

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE? NAME OF ATTORNEY _____

YES NO ADDRESS _____ PHONE _____

THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED TIME OF DAY _____
MONTH _____ DAY _____ YEAR _____

EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU:

(Attach another piece of paper if you need more space)

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.