



# GEORGIA NAACP

## Complaint Form

Date of Report: \_\_\_\_\_

Please check the type of complaint that you are making:

- Police Misconduct  Employment  Harassment  Civil Rights violation/Hate crimes  
 Housing/Public Accommodations  Public Transportation  Bank/Finance  Education  
 Other \_\_\_\_\_

Please select the agency, organization and/or person of which you are filing the complaint against:

- Place of Business  Employer  School District  Government Agency  
 Law Enforcement  Other \_\_\_\_\_

Date(s) incident occurred: \_\_\_\_\_

**\*\*Please provide the following information about yourself\*\***

Name \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Telephone #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Work Location: \_\_\_\_\_

Place of Business

Address

Phone

Do you currently have an attorney working on your behalf?  Yes  No  Not sure

**\*\*If yes, provide information below\*\***

Attorney's Name: \_\_\_\_\_

**North Fulton NAACP**

**P.O. Box 2723 Alpharetta GA 30023**

Attorney's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attorney's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has a lawsuit been filed? ( )Yes ( )No ( )Not sure

If yes, when filed? \_\_\_\_\_ In what city? \_\_\_\_\_ In what court? \_\_\_\_\_

mm/dd/yyyy

Have you filed an EEOC complaint? ( )Yes ( )No ( )Not sure

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter? ( )Yes ( )No ( )Not sure

mm/dd/yyyy

Have you filed a Fair Employment & Housing complaint? ( )Yes ( )No ( )Not sure

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter? ( )Yes ( )No ( )Not sure

mm/dd/yyyy

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

If this is an employment complaint, please complete the following about your employer and/or complainant:

Employer (or former employer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Agent/Steward: \_\_\_\_\_

District: \_\_\_\_\_ ( ) Filed ( ) Base ( ) Office

Time: \_\_\_\_\_ Please check the box that best describes when the incident occurred.

( ) Before ( ) During ( ) After Shift

Are you currently employed with this employer? ( ) Yes ( ) No

\*\*\*\*\*

**North Fulton NAACP**

**P.O. Box 2723 Alpharetta GA 30023**

Local Union's Name: \_\_\_\_\_

Local Union's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Local Union's Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Has a grievance or complaint been filed? ( )Yes ( )No ( )Not sure

If yes, what is the status of that grievance or complaint: ( ) Closed ( )In progress ( )Not sure

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of incident: (please copy form if more pages are needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. For all other complaints please complete the following:

Who Discriminated against you? \_\_\_\_\_

Location of incident: \_\_\_\_\_

Description of incident: (please copy form if more pages are needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I, \_\_\_\_\_ do hereby authorize the NAACP Legal Redress or Criminal Justice Committee to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP does not provide legal representation and that the organization has certain limitations as to the scope of their influence and ability.

(The NAACP North Fulton County Branch # 53AA-B will make every effort to provide some degree of assistance to **its members**. If you are not a member, please contact the NAACP, GSC or the Branch.)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

Current Member In Good Standing ( ) Yes ( ) No

Paid Membership \$ \_\_\_\_\_ Date \_\_\_\_\_

Submit completed forms to: \_\_\_\_\_ County NAACP, \_\_\_\_\_

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(FOR INTERNAL USE)

DATE: CASE CLOSED (YES OR NO) CIRCLE ONE \_\_\_\_\_.

Follow-up, Status, Resolution, Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Legal Redress Chair or President Compliant (optional)