



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

COMPLAINT OF DISCRIMINATION

based on race, color, religion, origin, sex, age, or 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.

Please fill out this form and attach **only COPIES** of supporting documents or documentary evidence. Please do not include any originals. Mail, email, or deliver completed form to: Greater New Haven Branch of the NAACP, 1389 Chapel St., New Haven, CT 06511 | Tel: 203-389-7275 Email: gnhnaacp.legredress@gmail.com Website: www.gnhnaacp.org

Please Print Clearly or Type

Name: _____

Address: _____

Town/City/State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Was the discrimination because of: *Check all that apply?*

Race or color Religion National Origin Sex Age

Handicapped Status Other: _____

Who discriminated against you? Give name and address of the individual(s), organizations, company, etc.

Name: _____

Address: _____

Town/City/State: _____ Zip: _____

Other Parties (if any): _____

Have you ever filed a complaint with any governmental agency (ies)? Yes No If so, which one(s)?

Agency: _____

Have you ever filed a grievance with your union? Yes No

Name of Local and Representative: _____

Have you retained an attorney regarding this case? Yes No

Name of Attorney/Firm: _____

Address: _____

Town/City/State: _____ Zip: _____

The actual date or the most recent date on which this discrimination occurred:

Month: _____ Day: _____ Year: _____ Time of Day: _____



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or you might want to make a contribution. However, be assured that membership is not required to receive our assistance. We will assist in rectifying problems of unfairness wherever and whenever possible and practical. _____ **Please send a membership form.**