

**NATIONAL ASSOCIATION
FOR THE ADVANCEMENT
OF COLORED PEOPLE**



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: Tennessee State Conference

ADDRESS OF UNIT: 27 A Brentshire Square

Jackson, Tennessee 38305

Please print or type

1	YOUR NAME _____ PHONE NUMBER _____
	STREET ADDRESS _____
	CITY _____ STATE _____ ZIP CODE _____
2	WAS THE DISCRIMINATION BECAUSE OF (Please check those that apply) <input type="checkbox"/> RACE OR COLOR <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> SEX <input type="checkbox"/> AGE <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> OTHER _____
3	WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, LICENSING AGENCY, ETC. (List all) NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ And (Other parties if any) – please attach _____
4	HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY (IES)? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH ONE (S)? _____
5	HAVE YOU FILED A GRIEVANCE WITH YOUR UNION <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF LOCAL AND REPRESENTATIVE: _____
6	HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF ATTORNEY _____ ADDRESS AND PHONE NUMBER _____ _____
7	THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED: MONTH _____ DAY _____ YEAR _____
8	PLEASE ATTACH STATEMENT TO THIS DOCUMENT
9	I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF SIGNATURE OF COMPLAINANT _____ DATE: _____

