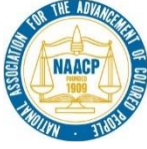


## CIVIL and HUMAN RIGHTS COMPLAINT FORM

 <h1 style="font-size: 2em; margin: 10px 0;">NAACP</h1> <p style="font-weight: bold; margin: 5px 0;">National Association for the Advancement of Colored People</p> <p style="margin: 5px 0;">Washington, PA Branch #2291</p> <p style="margin: 5px 0;">P.O. Box 188</p> <p style="margin: 5px 0;">Washington, PA 15301</p> <p style="margin: 5px 0;">Phone: 724-222-7820 Email: <a href="mailto:naacp.washington.pa@gmail.com">naacp.washington.pa@gmail.com</a></p> <p style="margin: 5px 0;">Website: <a href="https://naacpwashpa.org">https://naacpwashpa.org</a></p>	<p>Are you a current member of the NAACP? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date: _____</p> <p style="color: red; font-weight: bold; text-align: center;">FOR OFFICE USE ONLY:</p> <p style="color: red;">Date received: _____</p> <p style="color: red;">Followed Up by: _____</p>
<p style="margin: 0;">Last Name <span style="margin-left: 150px;">First Name</span> <span style="float: right;">Middle Initial</span></p>	
Address	Telephone Number (home)
City, State, Zip	Telephone Number (cell)

**PLEASE NOTE THAT WE WILL NOT PROCESS YOUR FORM UNLESS ALL QUESTIONS ARE COMPLETED (ON EACH PAGE), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.**

<p>Do you currently have an attorney? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attorney's Name: _____</p> <p>Telephone #: _____</p>	<p>Attorney Address: _____</p> <p>City, State, Zip: _____</p>
<p>Please select all that may apply: (please submit copies with this complaint form)</p> <p><input type="checkbox"/> Has a lawsuit been filed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">If Yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with the EEOC? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">If Yes, when? _____</p> <p><input type="checkbox"/> Have you filed a complaint with Fair Employment and Housing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 20px;">If Yes, when? _____</p>	<p>Please list agency against which you are filing a complaint:</p> <p><input type="checkbox"/> Place of Business      <input type="checkbox"/> Government Agency</p> <p><input type="checkbox"/> School District      <input type="checkbox"/> Law Enforcement</p> <p><input type="checkbox"/> Other: _____</p> <p>Type of discrimination:</p> <p><input type="checkbox"/> Civil Rights Violation / Hate Crimes</p> <p><input type="checkbox"/> Discrimination      <input type="checkbox"/> Harassment</p> <p><input type="checkbox"/> Housing      <input type="checkbox"/> Racial Profiling</p> <p><input type="checkbox"/> Retaliation</p> <p><input type="checkbox"/> Other: _____</p>
<p>(b) How were you discriminated against? (Summarize; submit additional pages as necessary)</p>     	

(c) By whom were you discriminated? – Include name(s), race, and gender		
Name:	Race:	Gender
Name:	Race:	Gender
Name:	Race:	Gender
(d) Where did the discrimination take place? Cite location/address for each incident		
Address/Location #1 (include street address, city, state, and zip		
Address/Location #2 (include street address, city, state, and zip		
(e) Did anyone witness the discrimination that took place? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list:		
Witness #1:	Address:	
Available to make statement on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
Witness #2:	Address:	
Available to make statement on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
(f) What was the effect or impact of the discriminating behavior on you?		
(g) To date, what actions have you taken thus far?		
(h) Have you filed a complaint or notified any other organization or individual regarding this matter? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify below.		
Name:	Address:	
	Phone:	
What actions, if any, were taken in response to the complaint or notice of concern?		
Who took these actions?		
When were these actions taken?		
(i) What would you like the NAACP to do for you regarding the discrimination?		

**RELEASE OF LIABILITY**

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Washington, PA (WashPA) Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the WashPA NAACP Branch 2291 to have access to information and documents, which are relevant to my claim of discrimination described above. I understand that once a referral has been made to a volunteer, community agency or private attorney, the WashPA NAACP Branch WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the WashPA NAACP Branch harmless for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: \_\_\_\_\_ Print FULL Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**NON-RETALIATION REQUIREMENTS**

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing. COMPLETION OF THIS FORM Completing this form does NOT constitute filing an official complaint with a legal authority. At this time, the WashPA NAACP Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "CONFIDENTIAL" to:

NAACP Washington Branch  
P.O. Box 188  
Washington, PA 15301

Or, drop the envelope into the mail slot at 68 Highland Avenue in Washington, PA.