



NAACP

National Association for the Advancement of Colored People

Modesto/Stanslaus Branch 1048
Legal Redress Department

P. O. Box 181, Modesto, CA 95353
209-896-9196 | naacpmodestostanslaus@gmail.com

www.NAACPModestoStanslaus.org

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COMPLAINT FORM

FOR OFFICE USE ONLY

Date Received:

Assigned To:

Date

Are you a current NAACP member?

Full Name
(Last Name First)

Home Phone

Address

Cell Phone

City

State

Zip Code

E-mail

Please note that we will not process your application unless all questions are completed (front and back) along with a one-part summary of the alleged discrimination that occurred. Incomplete applications will not be investigated.

Name of organization
or person who
discriminated against
you.

Address

City

State

Zip Code

(a) Reason for Discrimination:

select your ethnicity

If Other, please list

Please note the following definitions:

(b) How
were you
discriminated
against?

- **African American/Black** - People having origins in any of the Black racial groups of Africa. Not of Hispanic origin.
- **Native American, American Indian, or Alaskan Native** - Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation of community recognition.
- **Hispanic** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- **Asian or Pacific Islander** - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands, or Samoa.
- **White** - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. Not of Hispanic origin.

(c) By whom were you discriminated by - include name(s), race, and gender of each.

Name

Their race

Gender

Name

Their race

Gender

Name

Their race

Gender

(d) Where did the discrimination take place? Cite location/address for each incident:

Address

City

State

Zip Code

Address

City

State

Zip Code

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(e) Did anyone witness the discrimination that took place? If Yes, Please list names below

Witness 1 Address

Phone Number Is this witness available to make a statement on your behalf?

Witness 2 Address

Phone Number Is this witness available to make a statement on your behalf?

(f) What was the effect or impact of the discriminating behavior on you?

(g) To date, what actions have you taken so far?

(h) Have you filed a complaint with or notified any other organization or individual regarding this matter? If yes, please provide the following information:

Organization or Individual's Name Address
Phone

What actions, if any, were taken in response to the complaint or notice of concern?

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 Modesto/Stanslaus, California Branch # 1048 of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Modesto/Stanslaus, California Branch # 1048 of the NAACP to have access to the information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral to a volunteer, community agency, or private attorney has been made, the Modesto/Stanslaus Branch # 1048 of the NAACP WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the Modesto/Stanslaus Branch # 1048 NAACP 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 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 1987, (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 Modesto/Stanslaus California Branch # 1048 is only seeking information to assist you concerning this complaint. **Upon completion of this form, please save, print, and mail this information and copies of sustaining documents** (please do not mail originals) **in an envelope marked confidential to:**

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Legal Redress Department
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