

THE 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.

How to File a Complaint of Discrimination

Answer all questions and be as specific as possible. The directions are numbered to match the questions on the form.

Question 1:	Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.
Question 2:	Please check the box that indicates what you believe to be the cause of discrimination. If other, please state what other.
Question 3:	If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination, list them on the last line of section 3.
Question 4, 5, and 6:	If you have consulted an attorney or filed this complaint with a state or local human relations commission, Federal government, union or agency, check "yes and give the name.
Question 7:	Give the day, month, and year of the most recent date the discrimination took place. In some instances, the discrimination may be continuing: for example, seniority lines are segregated.
Question 8:	Tell us as much as you can. For example: Were you fired? Did you fail to get a promotion? Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age or other?
Question 9:	Sign your name and mail or take to your local NAACP Unit.
<p>To submit this form to the Plainfield Area NAACP, mail or deliver it to: Plainfield Area Branch of the NAACP Attn: Legal Liaison PO Box 8471 Piscataway, NJ 08855-8471</p>	

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MAIL OR DELIVER TO:

Plainfield Area Branch of the National Association for the Advancement of Colored People
ADDRESS OF UNIT: PO Box 8471 Piscataway, NJ 08855-8471

1	Name				Phone		
	Street Address						
	City				State		
	Zip Code						
2	Was the discrimination because of (Please check all those that apply.)						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other
	Race or Color	Religion	National Origin	Gender	Age	Handicapped Status	
3	Who discriminated against you? Give name and address of employer, labor organization, employment agency, apprenticeship committee, licensing agency, etc. (List all that apply.)						
	Name				Phone		
	Street Address						
	City				State		
	Zip						
	And (other parties if any)						
4	Have you filed a complaint with any governmental agency(ies)				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of Agency(ies):						
5	Have you filed a grievance with your union?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of local representative						
6	Have you retained an attorney regarding this case?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Name of the attorney						
	Phone:			Email			
	Street Address:						
	City				State		
	Zip			State			
7	The actual date or the most recent date on which this discrimination occurred:						
	Time of Day						
	Month/Day/Year						
8	Explain what unfair thing was done to you (please attach another piece of paper if you need more space)						
9	Affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.						
	Print the form and Sign Here				Date		
	(Signature of complainant)						
Internal Use:							