

## Los Angeles NAACP Discrimination Complaint Form

			Date	
Name				
Address				
City	State Zip Code			
Home Phone	Work Phone			
Please check your type of	complaint:			
Police Misconduct ( )	Education ( )	Employment ( )	Housing ( )	
Public Transportation ( )	Public Accommodations (	) Banking & Finance ( )	Government Agency ( )	
Race Relations ( )	Veterans' Affairs ( )	Print & Electronic Media ( )	Stage & Theatre ( )	
Community Relations ( )	Other	()		
Do you currently have an attor	ney working on your behalf?	Yes ( ) No ( )		
If yes, please complete the follo	owing:			
Attorney's Name	me Phone			
Address		Zip Code		
Has a lawsuit been filed? Ye	es ( ) No ( ) If yes, w	hen was it filed?	_	
In what city?	In wha	t court?	_	
Do you wish to file a civil or cr	iminal appeal? Yes ( ) N	0()		
Do you have financial resource	es? Yes ( ) No ( )			
Have you filed a complaint wit	h EEOC or Fair Housing & Emp	loyment? Yes ( ) No ( )		
If yes, when was it filed?				
If this is an employment comple	aint, please provide the following	g information.		
Employer or former employer _				
Address	City	Zip Code _		
Phone	Supervisor			
Union	Business Agent/Steward			
Local No	Address			
Has a grievance been filed thro	ough your union? Yes ( )	No ( )		

<b>Note:</b> The Los Angeles NAACP makes every effort to provide some degree of assistance to its members. If you are not a member, please request a membership envelope now and join.			
I,		_ do hereby authorize the Los Angeles NAACP to investigate my	
complaint and to take any s	steps necessary to resolve it.		
Witness	Signature		
Date	Membership Paid \$		
Please attach a copy of the	EEOC or Fair Housing & Empl	oyment complaint.	
Print this form and ma Los Angeles NAACP P.O. Box 56408, Los Ange Fax: (310) 397-1179			
FOR INTERNAL USE ON	ILY		
Date received			
Referred			
Date			
Description of incident:	:		

