



National Association for the Advancement of Colored People • Middlesex County Branch-2018 B • P.O. Box 378 Middletown, CT 06457 • info@middlesexctnaacp.org

MIDDLESEX COUNTY BRANCH 2018-B COMPLAINT FORM

In compliance with the National Association, the Middlesex County NAACP has established the following complaint processing form for the purpose of filing a complaint for the Branch assistance and/or to consider the best course of action and or to determine whether it is a matter that needs to be forwarded to the CT State NAACP Conference of Branches for consideration.

Please adhere to our Branch Complaint Form.

CONFIDENTIAL DISCLAIMER

The purpose of this form is to gather information for the Executive Committee and or CT State NAACP Conference of Branches, as required by the National Association. We are not lawyers and therefore, do not legally represent any person.

Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a state or governmental agency. Nor does completing this form establish an attorney client relationship between the Middlesex County NAACP Unit 2018-B and/ or the Connecticut State NAACP Conference of Branches.

Today's Date

Name of Complainant

Phone Number

Address

Email Address

Check Type of Complaint

- Education, Courts/Incarceration, Employment, Agencies, Police Misconduct, Other

Are You A Member of the NAACP?

Yes No Membership #

Are you a Currently Represented by an Attorney in This Matter?

Yes No

May We Contact Your Attorney?

Yes No

If we may contact your attorney, please provide their full contact information.

Attorney Full Name

Phone Number

Firm Name & Address

Email Address

Have you filed a complaint with any government agency? *(Many filings are subject to strict time limitations)*

Yes No

If yes, please check all that apply and provide full contact information

Equal Employment Opportunity Commission (EEOC)

Date Filed:

Full Name

Phone Number or Email Address

Commission on Human Rights and opportunities (CHRO)

Date Filed:

Full Name

Phone Number or Email Address

Fair Housing & Employment

Date Filed:

Full Name

Phone Number or Email Address

Labor Union

Date Filed:

Full Name

Phone Number or Email Address

Department of Housing and Urban Development (HUD)

Date Filed:

Full Name

Phone Number or Email Address

Police Department

Date Filed:

Full Name

Phone Number or Email Address

Date of Incident _____

Location _____

(If the incident occurred other than Middlesex County, your complaint will be referred to the appropriate Branch.)

What was the basis of the discrimination you experienced? Check all that apply

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Place of Residence or Business | <input type="checkbox"/> Whistleblower and/or Whistleblower Retaliation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Matriculation <i>student status</i> | <input type="checkbox"/> Criminal Record/History |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Personal Appearance | <input type="checkbox"/> Credit Status |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Retaliation | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity or Expression | | |
| <input type="checkbox"/> Disability (physical, mental, intellectual) | <input type="checkbox"/> Source of Income | | |

Who Discriminated Against You? _____

What is Your Relationship? _____

(Employee, Tenant, Customer, etc...)

May We Contact This Person or Entity? Yes No

If yes, please check all that apply and provide full contact information

Address _____

Phone Number _____ Email Address _____

Number of Witnesses (if any) or people involved: _____

Please Provide Name & Full Contact Information of any Witnesses:

Witness 1 Full Name _____ Phone Number or Email Address _____

Witness 2 Full Name _____ Phone Number or Email Address _____

Witness 3 Full Name _____ Phone Number or Email Address _____

Witness 4 Full Name _____ Phone Number or Email Address _____

Disclaimer: I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief. I hereby sign this release and disclaimer with the understanding that I will hold the Middlesex County NAACP Branch Unit 2018-*B and/or the CT State Conference of NAACP Branches or its Legal Redress Committee harmless for any claim, liability, or lawsuit. The purpose of the Executive Committee and or Legal Redress Committee is to: (1) review your complaint (2) discuss possible civil rights and other pertinent legal issues: (3) enhance spiritual, moral, and emotional well-being: and (4) assist with recommendations of an attorney or other options. The Executive Committee is an advisory group and does not take legal action. I understand that the NAACP is a volunteer organization which does not agree to provide me with legal advice or legal counsel. I understand that it is my responsibility to seek and/or retain legal counsel.

Print Name

Signature

Date

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Received by

Position

Date