



San Diego NAACP Discrimination

Complaint Form

Mail or fax to:

San Diego NAACP

P O Box 152086

San Diego, CA 92195-2086

Ph: (619) 263-7823, Fax (619) 263-7851

DATE _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

CONTACT TELEPHONE NUMBERS: Residence () _____

Work/Alternate: _____ Email: _____

PLEASE CHECK THE TYPE OF COMPLAINT THAT YOU ARE MAKING:

- | | | | |
|--------------------------|-----|-----------------------|-----|
| 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 attorney working in your behalf? Yes () No ()

Attorney's Name _____ Phone _____

Attorney's Address _____

Has a lawsuit been filed? ____ When filed? _____

In what city? _____ In what court? _____

Do you wish to file a civil or criminal appeal? _____

Do you have financial resources? _____

Have you filed a complaint with the EEOC or Fair Housing & Employment? _____

If so, when? _____ Do you have a "Right to Sue" letter issued by either of these agencies? _____

If this is an employment complaint, please provide the following information:

Employer (or former employer) : _____

Address _____ City _____

Telephone _____ Supervisor _____

Union _____ Business Agent/Steward _____

Local No. _____ Address _____

Has a grievance been filed through your union? _____

Internal Use Only

Date Received _____

Referred to _____

Date Faxed _____

Comments:
