



# NAACP COMPLAINT FORM

## WILKES-BARRE BRANCH #2306

DISCRIMINATION COMPLAINT FORM (to be completed by complainant)

Check Discrimination Category:

Business	Healthcare	Law Enforcement	Education	Housing	Government	Other

Complainant's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

I. Please provide the following required information about the alleged discriminating organization:

A. NAME \_\_\_\_\_ Email Address: \_\_\_\_\_

ADDRESS \_\_\_\_\_

B. Number of Employees: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

C. Name, Position, and Title of Alleged Discriminating Official:

\_\_\_\_\_  
\_\_\_\_\_

D. Date of Occurrence: \_\_\_\_\_

II. Please provide ( as best you can ) all information related to the discrimination complaint:  
(additional space on the back of this form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. I ( print name ) \_\_\_\_\_, do hereby certify that  
the information that I have provided on this form is true and factual.

\_\_\_\_\_  
Signature of Complainant

IV. I, ( print name ) \_\_\_\_\_, request and do hereby consent to  
allow the Wilkes-Barre Branch of the N.A.A.C.P., or its agents, to investigate, advise and/or assist me with  
my complaint of discrimination.

\_\_\_\_\_  
Signature of Complainant

V. Complaint received by: \_\_\_\_\_  
Wilkes-Barre Branch, N.A.A.C.P





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I, \_\_\_\_\_, do swear that this is a true and exact copy of a complaint form and that the original remains in my possession.

\_\_\_\_\_  
**Signature of Complainant**

State of Pennsylvania, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at

\_\_\_\_\_, Pennsylvania by \_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
**Signature of Notary Public**

Name of Notary Public \_\_\_\_\_

**SEAL**

Notary Public, State of Pennsylvania

My commission expires: \_\_\_\_\_