



FAYETTE COUNTY, GA NAACP BRANCH #560A COMPLAINT FORM

Date of report: _____

Please check the type of complaint that you are making:

- ☐ Police Misconduct ☐ Employment ☐ Harassment ☐ Civil Rights violation/Hate crimes
☐ Housing/Public Accommodations ☐ Public Transportation ☐ Bank/ Finance ☐ Education
☐ Other _____

Please select the agency, organization and/or person of which you are filing the complaint against:

- ☐ Place of Business ☐ Employer ☐ School District ☐ Government Agency
☐ Law Enforcement ☐ Other _____

Date(s) incident occurred: _____

.....

****Please provide the following information about yourself****

Name: _____
(First) (Middle) (Last)

Address: _____
Street City, State Zip

Home Telephone #: () _____ Work #: () _____

Email address _____

Work Location: _____
(Place of Business) (Address) (Phone)

.....

Do you currently have an attorney working in your behalf? () Yes () No () Not sure

****If yes, provide information below****

Attorney's Name: _____

Attorney's Address: _____

City, State & Zip: _____

Attorney's Telephone #: _____ Fax #: _____

Has a lawsuit been filed? () Yes () No () Not sure

If yes, when filed? _____ In what city? _____ In what court? _____
mm/dd/yyyy

Have you filed an EEOC complaint? () Yes () No () Not sure

If yes, when filed? _____ Case # _____ Right to sue letter? () Yes () No
() Not sure mm/dd/yyyy

Have you filed a Fair Employment & Housing complaint? () Yes () No () Not sure

If yes, when filed? _____ Case # _____ Right to sue letter? () Yes () No
() Not sure mm/dd/yyyy

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

If this is an employment complaint please complete the following about your employer and/or complainant:

A. Employer (or former employer)

Name: _____

Address: _____
Street City, State Zip

Telephone: () _____ Fax #: () _____

Supervisor's Name: _____ Business Agent/Steward _____

District: _____ () Field () Base () Office

Time: _____ Please check the box that best describes when the incident occurred.

() Before () During () After Shift

Are you currently employed with this employer? () Yes () No

Local Union's Name:

Local Union's Address: _____

City, State & Zip: _____

Local Union's Telephone #: _____ Fax #: _____

Has a grievance or complaint been filed? () Yes () No () Not sure

If yes, what is the status of that grievance or complaint? () Closed () In progress () Not sure

Comments:

Description of incident: (please copy form if more pages are needed)

B. For all other complaints please complete the following;

Who Discriminated against you? _____

Location of incident? _____

Description of incident: (please copy form if more pages are needed)

C. Witnesses to the incident:

Name: _____

Address: _____

Phone: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____

Occupation: _____

D. Describe what happened:

I, _____ do hereby authorize the NAACP Legal Redress Committee to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP does not provide legal representation and that the organization has certain limitations as to the scope of their influence and ability.

(The Fayette County Branch will make every effort to provide some degree of assistance to it's members. If you are not a member, please access the website at www.fcnaacp.org and join on line or print a hard copy and mail it.)

Signature

Date

Witness

Date

Current Member In Good Standing () Yes () No

Paid Membership \$ _____ Date _____

Submit completed forms to: Fayette County NAACP, PO Box 1777, Fayetteville, GA 30214

(FOR INTERNAL USE)

DATE: _____

CASE CLOSED (YES OR NO) CIRCLE ONE

Follow-up, Status, Comments:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signed: _____