

NAACP Cabarrus County Branch

Legal Redress Committee Discrimination Complaint Form Mail to P.O. Box 1195, Concord, NC. 28025

CONFIDENTIAL

DISCLAIMERS:

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Cabarrus County branch may be able to assist you with your complaint of discrimination.

Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency.

Nor does completing this form establish an attorney-client relationship between the NAACP Cabarrus County branch and the complainant.

CONTACT INFORMATION

Name:	-	
Address:		
Phone Number:		
Email Address:		

BACKGROUND INFORMATION

1. Are you a member of the NAACP?	Yes No
1a.lf so, Branch membership number:	
2. Are you currently represented by an atto	orney in this matter? Yes No
2a.Has an attorney ever represented you	in this matter? Yes No
2b. If so, attorney's name:	
2c. If so, attorney's phone number:	
2d. May we contact your attorney?	Yes No
3 Have you filed a complaint with any gove (Many filings are subject to strict time limit	•
3a.lf so, agency name:	
Contact person (if any):	Date:

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	()	Veteran's Affairs	()	
Print & Electronic Media	()	Stage & Theatre	()	
Community Relations	()	Other	()	
Has a lawsuit been filed?		when filed?		
In what city?		In what Court?		
Do you have financial reso	ources?			
Have you filed a complain	t with the EEC	OC or Fair Housing & Employ	/ment?	
If so when? D these agencies?	o you have a '	"Right to Sue" letter issued	by either of	
If this is an employment c	omplaint, plea	se provide the following inf	ormation:	
Employer (or former empl	oyer):			
Address		City		
Telephone	ephone Supervisor			
Jnion Business Agent/Steward				
Local No	Address			
Has a grievance been filed	l on this comp	olaint?		

Note: If you are not currently members of the Cabarrus County Branch NAACP please request a membership envelope and join now!!!

I,	Do hereby authorize the laint and take any steps
necessary to resolve it.	
Signature	
DateMembership Paid \$	5
Please attach a copy of the EEOC or Fair Housing letter.	
Internal use only Date Received	
Referred to	
Date	
Description of Incident	
	

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