



**NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
COMPLAINT OF DISCRIMINATION OR VIOLATION OF CIVIL RIGHTS**

Based on Race, Color, Religion, Nation Origin, Sex, Sexual Orientation, Age or Handicapped Status
Completing this form does not constitute filing an official complaint with a legal authority. At this time, the
NAACP is only seeking information to assist you concerning this complaint.

MAIL OR DELIVER TO: Lynchburg Branch NAACP
805 15th Street, Suite B, Lynchburg, VA 24504
P. O. Box 1574, Lynchburg, VA 24505 P: 434-386-8342

(Please print or type)

	First Name Number	Middle Name	Last Name	Suffix	Phone
1	Street Address				
	City	State	Zip Code		
2	Was the discrimination because of race: (Please check all those that apply) <input type="checkbox"/> Race or Color <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Handicapped Status <input type="checkbox"/> Other				
3	Who discriminated against you? Provide name and address of the employer, labor organization, employment agency, apprenticeship committee, licensing agency, etc. (List all) Name _____ Street Address _____ City _____ State _____ Zip Code _____ And (other parties if any) _____				
4	Have you filed a complaint with any governmental agency or agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO				
5	Have you filed a grievance with your union? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of local union representative: _____				
6	Have you retained an attorney regarding this case? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Attorney _____ Address of Attorney _____				
7	The actual date or the most recent date on which this discrimination occurred: Time of day _____ Month _____ Day _____ Year _____				
8	Explain the unfair treatment that was done to you (Please use additional paper as needed): 				
9	I AFFIRM I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. Signature of Complainant: _____ Date _____				