

Did anyone witness the discrimination that took place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness #1: Click here to enter text.	Address: Click here to enter text.
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: Click here to enter text.
Witness #2 Click here to enter text.	Address: Click here to enter text.
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: Click here to enter text.
(f) What was the effect or impact of the discriminating behavior on you? Click here to enter text.	
(g) To date, what actions have you taken so far? Click here to enter text.	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: Click here to enter text.	Address: Click here to enter text.
	Phone: Click here to enter text.
What actions, if any, were taken in response to the complaint or notice of concern? Click here to enter text.	
Who took these actions? Click here to enter text.	
When were these actions taken? Click here to enter text.	
What would you like the NAACP Santa Cruz County Branch to do for you regarding the discrimination/complaint? Click here to enter text.	

RELEASE OF LIABILITY

I, [Click here to enter text.](#) affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Santa Cruz County Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Santa Cruz County Branch to have access to information and documents, which are relevant to my claim of discrimination described above. I understand that once a referral has been made to a volunteer, community agency or private attorney, the NAACP Santa Cruz County Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to hold the NAACP Santa Cruz County Branch harmless for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

Signature: _____ Print FULL Name: _____ Date: _____

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Santa Cruz County Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "CONFIDENTIAL" to:

NAACP Santa Cruz County Branch #1071
 Legal Redress/Civil & Human Rights Complaints
 P.O. Box 1433
 Santa Cruz, CA 95061