NAACP CIVIL & HUMAN RIGHTS COMPLAINT FORM

NAACP NOON TO THE ADVANCE OF THE ADV
THOILDW . 374038

Address #2: Click here to enter

text.

City: Click here to enter text.

SANTA CRUZ COUNTY

Are you	a current member of the NAACP?
□Yes	

DATE: Click here to enter a date.

For Office Use Only

National Association for the Advancement of Colored People

NAACP Santa Cruz County Branch #1071 P. O. Box 1433 Santa Cruz, CA 95061

DATE RECEIVED: Click here to enter a date.

(921) 420 2266						
(831) 429-2266 santacruznaacp@gmail.com				FOLLOWED UP BY:		
First Name Click here to enter tex		Last Name Click here t	o enter	text. Mido	dle Initial Cl	ck here to enter text.
Address Click here to enter text	nter text.			Telephone Number Click here to enter text.		
City, State Zip Click here to enter t	ext.			Email Address Click here to enter text.		
PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON BOTH PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED. YOU MAY ADD ADDITIONAL PAGES.						
Do you currently have an attorney?	□Yes	□No	Attorr	ney's Name Addre	ess Click her	e to enter text.
Telephone # Click here to enter tex here to enter text.	t.	Fax# Click	City, S	itate, Zip Click he	re to enter t	ext.
Please select all that may apply: (please submit copies with complaint form.) Has a lawsuit been filed?			Please select the agency which you are filing the complaint against: ☐ Place of Business ☐ Government Agency ☐ School District ☐ Law Enforcement ☐ Other Click here to enter text.			
Have you filed a complaint with the EEOC? Yes No If yes, when and which office? Click here to enter text. Have you filed a complaint with Fair Employment & Housing? Yes No If yes, when and where? Click here to enter text.			Type of discrimination: Civil Rights Violation / Hate Crimes Discrimination Harassment Housing Racial Profiling Retaliation Other: Click here to enter text.			
Other actions taken: Click here to	enter text.					
How were you discriminated against? Click here to enter text.						
By whom were you discriminated?	Include nam	e(s), race, and gender o	f each:			
Name: Click here to enter tex	ext. Race: Click here to e		enter text. Gender: (Gender: C	lick here to enter text.
Name: Click here to enter tex	me: Click here to enter text. Race: Click here to e		enter ·	ter text. Gender: Click here to enter text.		
lame: Click here to enter text. Race: Click here to e		enter ·	nter text. Gender: Click here to enter text.			
Where did the discrimination take place? Cite location/address for each incident:						
Address #1: Click here to enter text.	City: Click	here to enter text.	State:	Click here to ent	ter text.	Postal code: Click here to enter text.

State: Click here to enter text.

Postal code: Click here to enter

text.

Did anyone witness the discrimination that took place	re? □Yes □ No	
Witness #1: Click here to enter text.	Address: Click h	nere to enter text.
Available to make statement on your behalf: \square Yes \square	□No Phone: Click her	e to enter text.
Witness #2 Click here to enter text.	Address: Click he	ere to enter text.
Available to make statement on your behalf: $\square Yes \square$	□No Phone: Click here	e to enter text.
(f) What was the effect or impact of the discriminating	ng behavior on you? Click here to ent	er text.
(g) To date, what actions have you taken so far? Click	k here to enter text.	
(h) Have you filed a complaint with or notified any ot ☐ Yes ☐ No	her organization or individual regard	ing this manner?
Name: Click here to enter text.	Address: Click he	ere to enter text.
	Phone: Click her	e to enter text.
What actions, if any, were taken in response to the co	omplaint 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 B Click here to enter text.	ranch to do for you regarding the dis	crimination/complaint?
	RELEASE OF LIABILITY	
I, Click here to enter text. affirm that the statement hereby request the assistance of the NAACP Santa Cru officers of the NAACP Santa Cruz County Branch to he described above. I understand that once a referral has be County Branch WILL NOT BE RESPONSIBLE for has the NAACP Santa Cruz County Branch harmless for an improperly handled in any way.	z County Branch in seeking a remedy have access to information and docume been made to a volunteer, community and andling this matter. I further understan	to the situation described above. I hereby authorize thents, which are relevant to my claim of discrimination agency or private attorney, the NAACP Santa Cruz d that by signing this document, I am agreeing to hold
Signature: P	rint 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 pursing 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: