



# NAACP

Are you a current member of the NAACP?

Yes       No

Date:

**FOR OFFICE USE ONLY:**

Date Received:

Followed Up by:

**LEGAL REDRESS COMPLAINT OF DISCRIMINATION**

**National Association for the Advancement of Colored People**  
Chesterfield County Branch 7120  
P.O. Box 4093  
Chesterfield, Virginia 23831  
[www.chesterfieldnaacp.com](http://www.chesterfieldnaacp.com)  
[chesterfieldlegalredress@gmail.com](mailto:chesterfieldlegalredress@gmail.com)

Last Name

First Name

Middle Initial

Address

Telephone Number (best contact)

City, State, Zip

Email Address

**PLEASE NOTE THAT WE WILL NOT PROCESS YOUR COMPLAINT UNLESS ALL QUESTIONS ARE COMPLETED (FRONT AND BACK) ALONG WITH A ONE PAGE STATEMENT OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED. Note: Complaints older than 365 days will not be investigated.**

Place of Employment:

Address:

City, State, Zip:

Please note the following definitions:

- African American/Black – People having origins in any of the Black racial groups of Africa. Not of Hispanic origin.
- Native American, American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes for example, China, India, Japan, Korea, the Philippine Islands, or Samoa.
- White – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Not of Hispanic origin.

Your race:

(a) Have you retained an attorney?

Yes       No

Attorney's Name:

Address:

Phone:

Email:

(b) Type of discrimination:

- Age       Disability       Education       Employment       Gender       Housing  
 National Origin       Race       Religion       Sexual Orientation       Veteran Status

(c) By whom were you discriminated by – include name(s), race, and gender of each:

Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:

(d) Where did the discrimination take place? Cite location/address for each incident:

Address #1:	City:	State:	Postal Code:
Address #1:	City:	State:	Postal Code:

(e) Did anyone witness the discrimination that took place?

Witness #1:	Address:
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Witness #2:	Address:
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:

(f) What was the effect or impact of the discriminating behavior on you?

(g) To date, what actions have you taken so far?

(h) Have you filed a complaint with or notified any other organization, agency or individual regarding this manner?

- Yes       No

Name:	Address:
	Phone:

What actions, if any, were taken in response to the complaint or notice of concern?
Who took these actions?
When were these actions taken?
(i) What would you like the Chesterfield County NAACP to do for you regarding the discrimination?

**RELEASE OF LIABILITY**

I 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 Chesterfield County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Chesterfield County Branch of the NAACP to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral to a volunteer, community agency, or private attorney has been made, the CHESTERFIELD COUNTY BRANCH NAACP WILL NOT BE RESPONSIBLE for the handling of this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the CHESTERFIELD COUNTY BRANCH NAACP 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.

**COMPLETION OF THIS FORM**

Completing this form does not constitute filing an official complaint with a legal authority. At this time the Chesterfield County Branch NAACP 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:

Chesterfield County Branch NAACP  
P.O. Box 4093  
Chesterfield, VA 23831  
[chesterfieldlegalredress@gmail.com](mailto:chesterfieldlegalredress@gmail.com)

**STATEMENT OF COMPLAINT**

(j) Explain how you were discriminated against and the incident. Please answer (who, what, when, where, why) in your statement. Please feel free to attach copies of any supporting documentation.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_