



How to File a Grievance/Complaint of Discrimination

Answer all questions and be as specific and concise as possible.

1. You are the "Complainant". Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached or a message can be left for you.
2. Check the box that indicates what kind of discrimination you believe has occurred/is occurring. If other, please identify.
3. Give the month, day and year of the most recent date of the discrimination.
4. Briefly describe the discrimination. An investigator will contact you for more details. Tell us, for example: a) Were you fired; b) Did you fail to get promoted; c) Did the company refuse to hire you; or d) Where you treated differently from others who are in a similar situation/position as you? Tell us why you believe the discrimination was due to race, color, religion, national origin, sex, age, religion or other.
5. If you believe other parties (such as a labor union or any employment agency, in addition to the employer) were involved in the act of discrimination, list them also.
6. State what you are seeking (remedies) and how the NAACP can assist you.
7. Indicate whether you belong to a union and whether you have filed a grievance. Give the union representative's name and phone number.
8. Indicate whether you have contacted an attorney about this matter. If yes, give the attorney's name and phone number.
9. After you have completed the form, provide a copy of important and relevant documentation.
10. Make copies of the completed complaint for your records and note the date you sent it to the NAACP Greater Texarkana Branch (#6231) office located at: P. O. Box 1275, Texarkana, Texas 75504.
11. If you have not filed a complaint with a local Equal Employment Office, Civil Rights Commission, Equal Employment Opportunity Commission or other governmental regulated agencies; you should research how to complete that process.
12. Once your complaint is received in the local NAACP office, an investigator will review it on a first come/first serve basis.
13. The Branch makes every effort to provide some degree of assistance to its members. If you are currently not a member, we invite you to become a member, and we will be glad to forward a membership application.

I have read and understand how to file this complaint.

Signature of Complainant: _____

Date: _____



P.O. Box 1275
Texarkana, Texas 75504
naacp.texarkana@gmail.com

Grievance/Complaint of Discrimination Form

Date of Filing: _____

Are you a member of the NAACP: Yes No

COMPLAINANT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Cellphone Number: _____

Email Address: _____

Please check the description that best fit your grievance/complaint of discrimination:

- | | | |
|---|---|--|
| <input type="checkbox"/> Police Misconduct | <input type="checkbox"/> Employment | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public Transportation | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Accommodations |
| <input type="checkbox"/> Banking & Finance | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Race Relations |
| <input type="checkbox"/> Veteran's Affairs/Status | <input type="checkbox"/> Print/Electronic Media | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Other (Briefly Describe) _____ | | |

Kind of discrimination: Race Sex Age Religion Disability

Do you currently have an attorney working on your behalf? Yes No

If yes, you must submit a formal letter from your attorney acknowledging their agreement with the Greater Texarkana Branch investigating your complaint, there is no exception to this policy. Your attorney may contact the Branch for further clarification.

Please list your attorney's information:

Attorney Name: _____ Telephone Number: _____

Firm: _____

City/State/Zip: _____



Grievance/Complaint of Discrimination Form

List the most recent date(s) the discrimination occurred: _____

Have you filed a lawsuit? Yes No If yes, what date did you file? _____

What city was the lawsuit filed? _____ Name of court lawsuit filed? _____

Do you plan to file a civil or criminal lawsuit? Yes No Undecided

Have you filed a complaint of any type prior to filing the NAACP? Yes No

If yes, with whom? _____

Have you received an official response to your complaint from your employer/entity? Yes No

If yes, please explain:

Grievance/Complaint Description:

Employer or Former Employer: _____

Address: _____

City/State/Zip: _____

Supervisor: _____ Telephone Number: _____

Email Address: _____

Union: _____

Have you filed a grievance/complaint with your union? Yes No

Did anyone witness the discrimination take place? Yes No Is witness available for statement? Yes No

If yes, please provide witness contact information:

Name: _____ Telephone Number: _____

Address: _____ City/State/Zip: _____

Email: _____



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Hold Harmless Form

Please attach a copy of the EEOC, Fair Housing & Employment or any Complaint you may have filed.

The NAACP makes every effort to assist its members. If you are not a member, we invite you to become a member, we will be glad to forward a membership application for your convenience, the strength and future of the Greater Texarkana Branch of the NAACP rest in the hands of our concerned citizens.

I affirm that the statements that I have made are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Greater Texarkana Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Greater Texarkana Branch of the NAACP to have access to information and documents, which are relevant to my claim of discrimination above.

I understand that once a referral to another agency, community agency or private attorney, the Greater Texarkana Branch of the NAACP **IS NOT RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to hold the Greater Texarkana Branch of the NAACP harmless, for any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way.

I further understand that by affixing my signature to this document, I am attesting that I do not expect the Greater Texarkana Branch or the National NAACP to provide legal representation on this matter.

I, _____ do hereby authorize the NAACP to investigate my complaint and to take any steps necessary to resolve the complaint if it meets the requirements as outlined by the National, Regional and Local NAACP, to include contacting my employer, lawyer, agent, union and/or witnesses/parties associated with my complaint.

Signature of Complainant: _____ Date: _____

Complainant Printed Full Name: _____

Witness Signature: _____ Date: _____

Witness Printed Full Name: _____

internal Use Only:	Branch Receipt Date: _____	Date Reviewed: _____
Assigned To: _____		Date: _____
Telephone Call: _____		Date: _____
Mailed Forms: _____		Date: _____
Referred To: _____		Date: _____
Other: _____		Date: _____



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Incident Description

PLEASE DESCRIBE THE INCIDENT LEADING UP TO THE COMPLAINT
(Please attach any additional pages as needed up to five, write legibly or type.)