



EAST COUNTY BRANCH OF THE NAACP  
 P.O. Box 1026, Pittsburg, CA 94565  
 925.439.5099  
[info@eastcountynaacp.org](mailto:info@eastcountynaacp.org)  
[www.eastcountynaacp.org](http://www.eastcountynaacp.org)

## COMPLAINT OF DISCRIMINATION

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>ADDRESS</b>		<b>PHONE NUMBER (home)</b>
<b>CITY, STATE, ZIP</b>		<b>PHONE NUMBER (work/cell)</b>
<small>PLEASE NOTE THAT WE WILL NOT PROCESS YOUR REQUEST UNLESS ALL QUESTIONS ARE COMPLETED. ALL APPLICATIONS MUST BE ACCOMPANIED BY A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION AND MUST BE SIGNED IN ORDER TO BE CONSIDERED FOR INVESTIGATION. ADDITIONAL PAGES MAY BE ADDED AS NEEDED.</small>		
<b>Please list the agency you are filing the complaint against: (i.e., Place of Business, Government Agency, School District, Law Enforcement, Other)</b>		
Address		Contact Phone Number
City, State, Zip		FAX Number
(other parties, if any)		
<b>DISCRIMINATION OCCURRED BECAUSE OF:</b> <input type="checkbox"/> Age <input type="checkbox"/> Disability Status <input type="checkbox"/> National Origin <input type="checkbox"/> Race or Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Other (Please Specify): _____ _____		<b>TYPE OF DISCRIMINATION: (check all that apply)</b> <input type="checkbox"/> Civil Rights/Hate Crime <input type="checkbox"/> Harassment <input type="checkbox"/> Housing <input type="checkbox"/> Racial Profiling <input type="checkbox"/> Religion <input type="checkbox"/> Retaliation <input type="checkbox"/> Other (Please Specify): _____ _____
<b>The actual or most recent date on which the discrimination occurred:</b> Month: _____ Day: _____ Year: _____ Time of Day: _____		
<b>Have you filed a complaint with any government agency(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No</b>  If yes, please list which agency(ies) and the outcome(s) below.		
<b>If you have filed a grievance with your union, please provide the following:</b> Name of your local union and representative _____ Address/City/State _____ Phone/Fax _____		
<b>If you have retained an attorney, please provide the following:</b> Name of your attorney _____ Address/City/State _____ Phone/Fax _____		

## 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 East County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the East 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 has been made to a volunteer, community agency or private attorney, the East County Branch of the NAACP WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the East County 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.

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 East County Branch of the 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:

EAST COUNTY BRANCH OF THE NAACP  
P.O. Box 1026  
Pittsburg, CA 94565