

COMPLAINT FORM

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NAACP Branch or Office receiving complaint

Instructions: Print or type; make two (2) copies, submit one copy to your nearest NAACP unit and keep copy for your record.

NAME _____

ADDRESS - STREET _____ TELEPHONE: _____

CITY AND STATE _____

NAME OF PUBLIC FACILITY INVOLVED _____

ADDRESS OF FACILITY _____

DATE OF ALLEGED INCIDENT _____ 19__

I wish to make, on my own free will and accord, the following complaint involving discrimination against me or the denial of my constitutional right: (State all pertinent facts known to you including nature of incident, time, place, circumstances, number of witnesses etc., use reverse side of this page and additional pages if necessary. (Wherever possible have statement notarized.)

Lined area for writing the complaint details.

Signature: _____
 Date: _____ 19____

(Use section below when statement of complaint is notarized.)

STATE OF _____
 COUNTY OR PARISH _____

BEFORE ME, the undersigned authority, personally came and
 appeared _____, who after being duly sworn
 by me deposed and said:

That _____ executed the foregoing affidavit and all of the
 allegations of fact contained therein are true and correct.

SWORN TO AND SUBSCRIBED before me on this _____ day
 of _____ 19____, A.D.

 NOTARY PUBLIC

DO NOT USE -- TO BE FILLED OUT BY NAACP Representative

The following action (or actions) was take on the above
 complaint.

1. _____

2. _____

Signature: _____
 Title: _____
 Organization: _____
 Date: _____