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

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.)

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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

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

1. ______________________________________

2. _______________________________________

_____________________________________
Signature: ______________________________
Title: __________________________________
Organization: __________________________
Date: ________________________________