

Effingham County Branch
NAACP
Attention: Legal Redress Committee
P. O. Box 403
Guyton, Ga 31303

COMPLAINT FORM

Based on race color, religion, national origin, sex, age, handicapped status

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.

Mail the completed form to the address listed above!

1. Your Name: _____ Street Address: _____
City/State/Zip: _____
Home phone: _____ Email: _____ Alternate phone: _____

2. WAS THE DISRIMINATION BEAUSE OF: (please check those that apply)

___ Race or color ___ Religion ___ National Origin ___ Sex ___ Handicap ___ Other

Explain: _____

3. Who discriminated against you? Give name and address of employer, school, organization, employment agency, licensing agency, etc.

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

(Please list other parties) _____

4. Have you filed a complaint with any government agency/agencies? _Yes___No Which ones?

5. Have you filed any grievance with your union or agency? Yes: No: Name of local and representative:

6. Have you retained an attorney regarding this case? Yes: ___No: ___

Attorney Name: _____

Address: _____ Phone: _____

7. The most recent date on which this discrimination occurred: _____

Office use **ONLY**

Date Received:

Close Date: