



**NORWICH BRANCH NAACP**  
**Legal Redress Committee Complaint**  
**CONFIDENTIAL**

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**DISCLAIMER**

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the Norwich Branch NAACP may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the Norwich Branch NAACP and the complainant.

**CONTACT INFORMATION**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

**BACKGROUND INFORMATION**

5. Are you a member of the NAACP?                    \_\_\_Yes            \_\_\_No

5a. If Yes, please include membership number: \_\_\_\_\_

6. Are you currently represented by an attorney in this matter?   \_\_\_Yes            \_\_\_No

6a. Is or has an attorney represented you in this matter?   \_\_\_Yes            \_\_\_No

6b. Do we have your permission to contact the attorney?   \_\_\_Yes            \_\_\_No

6c. If Yes, attorney's name: \_\_\_\_\_

6d. Attorney's contact information: \_\_\_\_\_

7. Have you filed a complaint with any government agency?   \_\_\_Yes            \_\_\_No

(Many filings are subject to strict time limitations).

7a. If Yes, agency name: (Check all that apply)	Contact person (if any):	Date:
Equal Employment Opportunity Commission	_____	_____
Commission (EEOC)		
Labor Union	_____	_____
Department of Housing and Urban	_____	_____
Development (HUD)		
Commission on Human Rights (CHRO)	_____	_____
Police Department	_____	_____
Other:		





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14. Were there any witnesses to these events?  Yes  No

14a. If Yes, Name:

Telephone number:

May we contact him/her?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

15. Have you recorded or saved any evidence?  Yes  No

15a. If Yes, please list:

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(Documentary evidence may be attached to this complaint form. However, please do not include any originals.)

**DISCLAIMER**

I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information and belief. I \_\_\_\_\_ hereby sign this release and disclaimer with the understanding that I will hold the Norwich Branch NAACP harmless for any claim, liability, or lawsuit. The purpose of this committee is: **(1)** to review your complaint **(2)** to discuss possible civil rights and other pertinent legal issues and **(3)** to assist with possible recommendations of an attorney or other options. This committee is an advisory group and does not take legal action. I understand that the Norwich Branch NAACP is a voluntary organization, which has in no way agreed to provide me with legal counsel. I understand that it is my responsibility to seek legal counsel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to:**

Norwich Branch NAACP  
Attn: Legal Redress Committee  
66 Franklin Street, Suite 12  
PO Box 24  
Norwich, CT 06360  
Email: [Communication@norwichbranchnaacp.com](mailto:Communication@norwichbranchnaacp.com)