

NORWICH BRANCH NAACP Legal Redress Committee Complaint CONFIDENTIAL

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?YesNo 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? <u>Yes</u> <u>No</u> (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 CommissionCommission (EEOC)	
Labor Union	
Department of Housing and Urban	
Development (HUD)	
Commission on Human Rights (CHRO)	
Police Department	
Other:	

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NAACP B	Legal Redress Committee Complaint					
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8. Have you contacted any other nonpro	fit organization about your o	complaint? Yes No				
8a. If Yes, organization name:	Dat	•				
<u>COMPLAINT</u>						
9. Did the discrimination complained of 9a. If No, where?	occur in the Norwich area?	YesNo				
10. What was the basis of the discrimina	ation you experienced? (Chec	k all that apply.)				
Race		Sex				
Color		Sexual Orientation				
National Origin		Gender Identity or Expression				
Religion		Source of Income				
Age		Place of Residence or Business				
Handicap		Matriculation (student status)				
Marital Status		Personal Appearance				
Familial Status		Political Affiliation				
11. On what date(s) did this occur:						
12. Who discriminated against you?						
12a. What is your relationship? (e.g., en	nployee, tenant, customer) _					
12b. Address:						
12c. Phone number:						
12d. Email address:						
12e. May we contact this person	or entity?Yes	No				
13. Please briefly describe the discrimin	ation vou encountered. Pleas	se use another sheet of paper if necessary.				
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14. Were there any witnesses to these eve	nts?	Yes	No		
14a. If Yes, Name: Telephone nur		one numb	ber:	May we contact him/her?	
				Yes	<u>No</u>
				Yes	No
				Yes	<u>No</u>
				Yes	No
				Yes	No
15. Have you recorded or saved any evider15a. If Yes, please list:	ice?	_Yes	<u>No</u>		

(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: <u>communications@naacpnorwichbranch.org</u>