

PLEASE READ CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION. PLEASE NOTE THAT THIS IS A PRELIMINARY COMPLAINT FORM AND ADDITIONAL INFORMATION MAY BE NEEDED AT A LATER DATE.

Branch Name:	
CONTACT INFORMATION:	
Name of Complainant:	Date of Birth:
Mailing Address (no P.O. Boxes accepted):	
Home Phone:Alternate Phone N	0.:
Fax No.:E-mail:	
COMPLAINT INFORMATION:	
What is the nature of your complaint? Employment Hou BrutalityOther	singDiscriminationPolice
Date(s) of incident(s):	
Location(s) of incident(s):	
Please explain the incident(s): (Please use backside if necessar	ry)
Do you have an attorney representing you in this matter or have you had pre	
If yes, please provide the name and phone number.	
I HEREBY DECLARE THAT THIS INFORMATION IS TRUE TO THE BEST CONSENT FOR THE NAACP TO INVESTIGATE AND POSSIBLY INTERCADDITION, I RELEASE THE NAACP AND ITS EMPLOYEES, AGENTS, MAND ALL LIABILITY AS THEY PROCEED WITH THIS INVESTIGATION UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGENTS, METO INVESTIGATE MY COMPLAINT AND THAT IS THEIR RIGHT. I WILL NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEER FURTHERMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYOLUNTEERS DO NOT REPRESENT ME IN THIS MATTER.	CEDE FOR ME IN THIS MATTER. IN MEMBERS, AND VOLUNTEERS FROM ANY ON MY BEHALF. FURTHERMORE, I EMBERS, AND VOLUNTEERS MAY DECLINE IL ACCEPT THE COURSE OF ACTION THE RS MAY TAKE IN THIS ACTION.
Signature of Complainant:D	ate:

