



CARROLL COUNTY NAACP
P.O. BOX 1108, CARROLLTON, GEORGIA 30112
DOMINIQUE CONTEH, PRESIDENT
Phone:770-877-2991

COMPLAINT FORM

Date of report:

Please check the type of complaint that you are making:

Police Misconduct Employment Harassment Civil Rights Violation/Hate Crimes

Housing/Public Accommodations Public Transportation Bank/ Finance Education

Other

Please select the agency, organization and/or person of which you are filing the complaint against:

Place of Business Employer School District Government Agency

Law Enforcement Other

Date(s) incident occurred:

****Please provide the following information about yourself****

Name: (First)

(Middle)

(Last)

Address:

City, State & Zip:

Home Telephone #:

Work #:

Email Address:

Work Location:

Do you currently have an attorney working on your behalf? () Yes () No () Not sure

****If yes, provide information below****

Attorney's Name:

Attorney's Address:

Street, City, State & Zip:

Attorney's Telephone #:

Has a lawsuit been filed? () Yes () No () Not sure

Fax #:

Court Appearance?

If yes, date filed?

mm/dd/yyyy

City Filed?

Have you filed an EEOC complaint? () Yes () No () Not sure

If yes, date filed?

Case #

Lawsuit filed? () Yes () No () Not sure

mm/dd/yyyy

Have you filed a Fair Employment & Housing complaint? () Yes () No () Not sure

If yes, date filed?

Lawsuit filed? () Yes () No () Not sure

mm/dd/yyyy

Case #

Please include copies of filed complaints and 'right to sue' letters upon submitting this completed form.

If this is an employment complaint, please complete the following about your employer and/or complainant:

A. Employer (or former employer) Name:

Address:

Street, City, State & Zip:

Telephone:

Supervisor's Name:

Agent/Steward:

District:

Time:

Please check the box that best describes when the incident occurred.

Before During After Shift

Are you currently employed with this employer? Yes No

Local Union's Name:

Local Union's Address:

Street, City, State & Zip:

Local Union's Telephone #:

Fax #:

Has a grievance or complaint been filed? Yes No Not sure

If yes, what is the status of that grievance or complaint? Closed In progress Not sure

Comments:

Description of incident: *(please copy form if more pages are needed)*

B. For all other complaints please complete the following:

Who Discriminated against you?

Location of incident?

Description of incident: *(please copy form if more pages are needed)*

C. Witnesses to the incident:

Name:

Address:

Address:

Phone:

Occupation:

D. Describe what happened:

I, _____ do hereby authorize the NAACP Legal Redress or Criminal Justice Committee to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP does not provide legal representation and that the organization has certain limitations as to the scope of their influence and ability. (The NAACP, GA State Conference or Carroll County Branch will make every effort to provide some degree of assistance to its members. If you are not a member, please contact the NAACP Branch at 770-877- 2991.)

Signature:

Date:

Witness:

Are You A Current Member In Good Standing? () Yes () No

Paid Membership: \$

Date:

Submit completed forms to: Carroll County NAACP, Box 1108; Carrollton, GA 30112

(FOR INTERNAL USE ONLY)

Date Case Closed:

Follow-up Status, Resolution, Comments:

Signed:

Legal Redress Chair

Criminal Justice Chair

President