NAACP – COMPLAINT OF DISCRIMINATION
BASED ON RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX,
or HANDICAPPED STATUS

MAIL OR DELIVER TO: ALBEMARLE-CHARLOTTESVILLE BRANCH NAACP
PO BOX 1522
CHARLOTTESVILLE, VA. 22902

703-C CONCORD AVENUE
CHARLOTTESVILLE, VA. 22902

PLEASE PRINT OR TYPE:
YOUR NAME: __________________________________________ PHONE No.: (_________)

STREET ADDRESS: ________________________________________

CITY: __________________________________ STATE: _____ ZIP CODE: __________

WAS THE DISCRIMINATION BECAUSE OF (PLEASE CIRCLE ALL THAT APPLY)
1. Educational: • Suspension • Racial Incident • Competency • Exam • School Closing • Other Incident

PLEASE EXPLAIN: __________________________________________

2. Employment: • Hiring • Promotion • Job Assignment • Training • Other

PLEASE EXPLAIN: __________________________________________

3. Public Accommodations/Service: • Hotel • Store • Police Action • Other

PLEASE EXPLAIN: __________________________________________

(4) Other Discrimination not listed above.

PLEASE EXPLAIN: __________________________________________

On the back of this form or a separate piece of paper, please state briefly: (1) the nature of the complaint against whom the complaint is being made, (2) what steps you have taken to resolve the matter, and (3) what action you are seeking from the NAACP? Please attach copies of any supporting documents to this form.

Have you filed a complaint with any governmental agency or agencies? Yes □ No □

If you answered Yes above, which one(s)?: ______________________________________

Have you retained an Attorney? Yes □ No □ If yes, Name of Attorney ______________________

Attorney’s Address: ________________________________________________________________

The actual date of the most recent incident on which this discrimination occurred:
Month: ________ Day: ________ Year: ________ Time of Day: ______________

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.