



**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.**