



CIVIL & HUMAN RIGHTS COMPLAINT FORM

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE  
ALBEMARLE-CHARLOTTESVILLE BRANCH 7057-B

PO BOX 1522  
CHARLOTTESVILLE, VA. 22892

Email: [naacp1947@gmail.com](mailto:naacp1947@gmail.com) Website: [www.Albemarlecvillenaacp.org](http://www.Albemarlecvillenaacp.org)

\_\_\_\_\_  
LAST NAME ↑ FIRST NAME ↑ MIDDLE INITIAL ↑

\_\_\_\_\_  
STREET ADDRESS ↑

\_\_\_\_\_  
CITY ↑ STATE ↑ ZIP CODE ↑

PLEASE NOTE: WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON ALL THREE PAGES, ALONG WITH A ONE PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED.

INCOMPLETE FORMS WILL NOT BE INVESTIGATED! IN CASES WHERE ASSISTANCE OF AN ATTORNEY IS INVOLVED, WE WILL NOT PROCEED WITH YOUR COMPLAINT.

DO YOU CURRENTLY HAVE AN ATTORNEY?  YES  NO

Your complaint involves: (please check all that apply)

Place of Business  Government Agency  School District  Law Enforcement  Other

(a) Type of Discrimination:

Civil Rights Violation/Hate Crime

Discrimination

Harassment

Housing

Racial Profiling

Retaliation

Other: \_\_\_\_\_

(b) How were you discriminated against? (Please use separate sheet(s) to explain)



**(c) By whom were you discriminated? Include name(s), race, and gender of each:**

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**(d) Where did the discrimination take place: Site location/address for each incident?**

\_\_\_\_\_  
FIRST STREET ADDRESS ↑

\_\_\_\_\_  
FIRST CITY ↑ STATE ↑ #1 ZIP CODE ↑  
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\_\_\_\_\_  
SECOND STREET ADDRESS ↑

\_\_\_\_\_  
SECOND CITY ↑ STATE ↑ ZIP CODE ↑

**(e) Did anyone witness the discrimination that took place? \_\_\_Yes \_\_\_No**

**Witness #1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Available to make statement on your behalf: \_\_\_Yes \_\_\_No**

**Witness #2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Available to make statement on your behalf: \_\_\_Yes \_\_\_No**

**(f) What was the effect or impact of the discriminating behavior on you? \_\_\_\_\_**

\_\_\_\_\_

**(g) To date, what actions have you taken? \_\_\_\_\_**

\_\_\_\_\_

**(h) Have you filed a complaint with or notified any other organization or individual regarding this matter: \_\_\_Yes \_\_\_No**

**If yes, what actions were taken, when, and by whom? \_\_\_\_\_**

\_\_\_\_\_



**(3) WHAT WOULD YOU LIKE THE NAACP TO DO FOR YOU REGARDING THE DISCRIMINATION?**

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**RELEASE OF LIABILITY**

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request assistance of the Albemarle-Charlottesville Branch of the NAACP in seeking a remedy to the situation described. I hereby authorize the Legal Redress Team of the Albemarle-Charlottesville Branch 7057-B to have access to information and documents which are relevant to my claim of discrimination as described on my submitted form.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the Albemarle-Charlottesville Branch 7057-B WILL NOT BE RESPONSIBLE FOR HANDLING THIS MATTER. In fact, I further understand that by signing this document, I am agreeing to hold the Albemarle-Charlottesville Branch Legal Redress Team of the Albemarle-Charlottesville Branch 7057-B harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NON-RELTALIATION REQUIREMENTS**

Section 704(a) of the Civil Rights Act of 1964, (as amended), Section 4(d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it unlawful employment practice for an employer, employment agency, or labor organization to:

- Discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member, or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

**COMPLETION OF THIS FORM**

Completing this form does NOT constitute filing an official complaint with a legal authority. Currently, the Albemarle-Charlottesville Branch 7057-B is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "CONFIDENTIAL" to:

ALBEMARLE-CHARLOTTESVILLE NAACP  
PO BOX 1522,  
CHARLOTTESVILLE, VA. 22902