



Goldsboro/Wayne NAACP #5397

www.goldsborowaynenaacp.org

Legal Redress Committee Complaint Form

CONFIDENTIAL

DISCLAIMERS

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Goldsboro/Wayne branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Goldsboro/Wayne branch and the complainant.

CONTACT INFORMATION

1. Name: _____

2. Address: _____

3. Phone Number: _____

4. Email Address: _____

BACKGROUND INFORMATION

5. Are you a member of the NAACP? Yes No

5a. If so, membership number: _____

6. Are you currently represented by an attorney in this matter? Yes No

6a. Has an attorney ever represented you in this matter? Yes No

6b. If so, attorney's name: _____

6c. If so, attorney's phone number: _____

6d. May we contact your attorney? Yes No

7. Have you filed a complaint with any government agency? Yes No
(Many filings are subject to strict time limitations.)

7a. If so, agency name: Contact person (if any): Date:

EEOC _____

Labor Union _____

HUD _____

Human Rights Office _____

Police Department _____

Office of Police Complaints _____

U.S. Attorney's Office _____

Goldsboro/Wayne Council _____

City Service Request _____

Other: _____

8. Have you contacted any other nonprofit organization about your complaint? Yes No

8a. If so, organization name: _____ Date: _____

COMPLAINT

9. Did the discrimination complained of occur in Goldsboro/Wayne? Yes No

9a. If no, where? _____

10. What was the basis of the discrimination you experienced? (Check all that apply.)

- | | |
|-----------------|--------------------------------|
| Race | Sex |
| Color | Sexual orientation |
| National origin | Gender identity or expression |
| Religion | Source of income |
| Age | Place of residence or business |
| Handicap | Matriculation (student status) |
| Marital status | Personal appearance |
| Familial status | Political affiliation |
| Other: | |
- _____

11. On what date(s) did this occur: _____

12. Who discriminated against you? _____

12a. What is your relationship?
(e.g., employee, tenant, customer) _____

12b. Address: _____

12c. Phone number: _____

12d. Email address: _____

12e. May we contact this person or entity? Yes No

14. Were there any witnesses to these events? Yes No

14a. If so, name:	Telephone number:	May we contact him/her?
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

15. Have you recorded or saved any evidence? Yes No

15a. If so, please list: _____

(Documentary evidence may be attached to this complaint form. However, please do not include any originals.)

I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Please send completed forms to:

NAACP, Goldsboro/Wayne Branch
Attn: Legal Redress Committee
P. O. Box 1205
Goldsboro, NC 27533

LegalRedress@goldsborowaynenaacp.org

Goldsborowaynenaacp.org

Phone: 919-584-0622