



## FAYETTE COUNTY, GA NAACP BRANCH #560A 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: \_\_\_\_\_  
Street City, State Zip

Home Telephone #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Work Location: \_\_\_\_\_  
(Place of Business) (Address) (Phone )



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

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

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attorney's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

If yes, when filed? \_\_\_\_\_ In what city? \_\_\_\_\_ In what court? \_\_\_\_\_  
mm/dd/yyyy

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

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter? ( ) Yes ( ) No  
( ) Not sure mm/dd/yyyy

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

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_ Right to sue letter? ( ) Yes ( ) No  
( ) Not sure mm/dd/yyyy

***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: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Agent/Steward \_\_\_\_\_

District: \_\_\_\_\_ ( ) Field ( ) Base ( ) Office

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: \_\_\_\_\_

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)

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C. Witnesses to the incident:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

D. Describe what happened:

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I, \_\_\_\_\_ do hereby authorize the NAACP Legal Redress 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 Fayette County Branch will make every effort to provide some degree of assistance to it's members. If you are not a member, please access the website at [www.fcnaacp.org](http://www.fcnaacp.org) and join on line or print a hard copy and mail it.)*

Signature	Date	Witness	Date

Current Member In Good Standing ( ) Yes ( ) No

Paid Membership \$ \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed forms to: Fayette County NAACP, PO Box 1777, Fayetteville, GA 30214**

**(FOR INTERNAL USE)**

DATE: \_\_\_\_\_ CASE CLOSED (YES OR NO) CIRCLE ONE

*Follow-up, Status, Comments:*

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*Signed:*