


NAACP El Paso Branch # 6175 Civil & Human Rights Complaint Intake Form

 <p style="text-align: center;">National Association for Advancement of Colored People NAACP El Paso Unit</p> <p style="text-align: center;">Post Office Box 4455 El Paso, Texas 79914 Telephone: 915-751-6490 E-mail us at unit6175legalredress@gmail.com</p>	Are you a current member of the NAACP? <ul style="list-style-type: none"> • Yes, Branch Location: _____ • No 	
	Date: _____	
	FOR OFFICE USE ONLY	
DATE RECEIVED _____		
FOLLOWED UP BY: _____		
FORWARDED TO: _____		
Last Name	First Name	Middle Initial
Address	Telephone Number (Cell)	
City, State, Zip	Email	

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED, ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Do you currently have an attorney? <ul style="list-style-type: none"> • Yes Attorney's Name: _____ • No Email address: _____ Telephone # _____ Fax # _____	Address City, State, Zip
Please select all that may apply (please submit copies with form) <ul style="list-style-type: none"> • Has a lawsuit been filed? ___ Yes ___ No If yes, when? _____ • Have you filed a complaint with EEOC? ___ Yes ___ No If yes, when? _____ • Have you filed a complaint with Fair Employment & Housing? ___ Yes ___ No If yes, when? _____ 	Please list agency against which you are filing complaint: ___ Place of Business ___ Government Agency ___ School District ___ Law Enforcement ___ Other
	Indicate type of discrimination: <ul style="list-style-type: none"> • Civil Rights Violation/Hate Crime • Discrimination • Harassment • Housing

		<ul style="list-style-type: none"> • Law Enforcement/Racial Profiling • Retaliation • Voting/Election • Education • Other: <hr/>
How were you discriminated against?		
Who discriminated against you? Include name(s), race, and gender of each.		
Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:
Where did the discrimination take place		
Address #1:	City, State, Zip:	
Address #1:	City, State, Zip:	
Did anyone witness the discrimination that took place?		
Witness #1: Name: _____	Address:	
Available to make statement on your behalf: ___Yes ___No	Phone:	
Witness #2: Name: _____	Address:	
Available to make statement on your behalf: ___Yes ___No	Phone:	
What was the effect of the discrimination on you?		
To date, what actions have you taken so far?		
Have you filed a complaint with or notified any other Agency, organization or individual regarding this matter? ___Yes ___No		

Name of Agency organization or individual:	Address:
	Phone:
What actions, if any, were taken in response to the complaint or notice of concern?	
Who took these actions?	
When were these actions taken?	
What would you like the NAACP El Paso Branch to do for you regarding your allegation of discrimination?	

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 the assistance of the **NAACP El Paso Branch** in seeking a remedy to the situation described above. I hereby authorize the officers of the **NAACP El Paso Branch** to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the **NAACP El Paso Branch WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the NAACP El Paso Branch** harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature: _____ Print FULL name: _____

Date: _____

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 an 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. At this time, the NAACP El Paso Branch is ONLY seeking information to assist you concerning this complaint. Please send a "Confidential" labeled email of this form to unit6175legalredress@gmail.com or mail this form and copies of sustaining documents in an envelope marked "Confidential" to: NAACP EL Paso Branch Post Office Box 4455, El Paso, Texas 79914