



National Association for the Advancement of Colored People
Salem-Keizer Branch 1166

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NOTE: Completing this form does not constitute filing an official complaint with a legal authority, nor are we able to give legal advice. The purpose of this form is to provide complete information to the organization regarding the incident or situation with which you are seeking assistance.

→Please initial here to acknowledge _____ Date _____

Your Name: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

1) PLEASE BRIEFLY DESCRIBE THE DISCRIMINATION THAT OCCURRED. **Be sure to include *who did what, when and where* it happened. Also describe any steps you have taken on your own behalf. Use additional pages as necessary. Be sure to include the date of incident or indicate if the discrimination is ongoing.**

2) STARTING WITH THE END IN MIND, BRIEFLY DESCRIBE YOUR IDEAL RESOLUTION TO THIS ISSUE.

3) WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, SCHOOL, ORGANIZATION, EMPLOYMENT AGENCY, LICENSING AGENCY, ETC.

Name: _____

Phone/Email: _____

Address: _____

Please list other involved parties: _____

4) HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENT AGENCY, UNION, OR EMPLOYER?

YES NO IF YES, WHICH ONES? LIST BELOW:

5) HAVE YOU RETAINED LEGAL REPRESENTATION REGARDING THIS CASE? N/A

Attorney Name: _____

Phone/Email _____

I AFFIRM THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Complainant Signature:

Date: _____

6) PLEASE PROVIDE COPIES (DO NOT SEND ANY DOCUMENT ORIGINALS) OF ANY DOCUMENTS THAT WOULD HELP US TO BETTER UNDERSTAND THE EVENTS OR SITUATION.

PLEASE MAIL OR EMAIL COMPLETED FORM TO THE ADDRESS PROVIDED.