



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

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President  
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**COMPLAINT OF DISCRIMINATION FORMS** CASE No. \_\_\_\_\_  
Legal Redress only

**Completing this form does not constitute filing an official complaint with legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.**

Date \_\_\_\_\_

Mail or deliver this document to above address **OR** email PDF of this document to the above email address

(Please Print or Type)

1. Your Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. WAS THE DISRIMINATION BEAUSE OF: (please check those that apply)

Race or color       Religion       National origin  
 Sex       Handicap       Other (explain)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Who discriminated against you? Give name and address of employer, school, organization, employment agency, licensing agency, etc.

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please list other involved parties) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you filed a complaint with any government agency/agencies? Which ones?

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5. Have you filed any grievance with your union or agency? Yes: \_\_\_ No: \_\_\_

Name of local and representative? \_\_\_\_\_

6. Have you retained an attorney regarding this case? Yes: \_\_\_ No: \_\_\_

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

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

7. The most recent date on which this discrimination occurred: \_\_\_\_\_

On separate paper, explain the timeline and details of the discrimination. If you provide documents, **make sure they are copies, not originals.** Please note how many documents are enclosed: \_\_\_\_\_

Our mission is to address discrimination in all of its forms. Our committee has been successful in addressing situations of discrimination and in providing a conduit between needs and resources. We are not attorneys.

**I fully understand the limitations outlined above. \_\_\_\_\_ (initial)**

**I hereby authorize the NAACP to 1.) Communicate with any attorney who represents me in any legal capacity. 2.) Communicate with the people whom I have alleged to have discriminated against me. 3.) Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.**

**I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

**Signature of complainant: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Do not send original documentation associated with this situation, suggest copies only.**