

	National Association for the Advancement of Colored People Salem-Keizer Branch 1166		
	P.O. Box 13068 Salem, OR 97309-1068 Telephone: (503) 877-4045		Web: <a href="http://sknaacp1166.org">http://sknaacp1166.org</a> Facebook: Salem-Keizer NAACP 1166 Email: <a href="mailto:salemkeizernaacp@gmail.com">salemkeizernaacp@gmail.com</a>
	President Reginald Richardson	Secretary Tori Algee	Treasurer Michael Chenault

**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 \_\_\_\_\_

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

(Please Print or Type)

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

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

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

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

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

**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*.**

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

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? Yes\_\_ No\_\_ N/A \_\_If yes, which ones?

\_\_\_\_\_

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

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

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

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

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

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

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

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

**PLEASE ALSO COMPLETE THE General Authorization and Release Form(s) AS APPROPRIATE.**