



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 _____

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.***

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

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

4. 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) _____

5. Have you filed a complaint with any government agency/agencies or with your union or employer?
Yes__ No__ N/A __If yes, which ones?

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.