

**NAACP DISCRIMINATION COMPLAINT  
SUPPLEMENTAL QUESTIONNAIRE AND TIMELINE**

1. The discrimination was related to: (please check those that apply)

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

2. 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

7. This final step is **VERY IMPORTANT**, and will assist you to file complaints with different agencies. In this section, explain the timeline and details of the discrimination. Please provide as much detail as possible.

**Incident Description**

Incident #1:

**When** did the incident take place? \_\_\_\_\_

**Where** did the incident take place? \_\_\_\_\_

**Who** was involved? \_\_\_\_\_

**What** happened? \_\_\_\_\_

\_\_\_\_\_

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Incident #2:

**When** did the incident take place? \_\_\_\_\_

**Where** did the incident take place? \_\_\_\_\_

**Who** was involved? \_\_\_\_\_

**What** happened? \_\_\_\_\_

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Incident #3:

**When** did the incident take place? \_\_\_\_\_

**Where** did the incident take place? \_\_\_\_\_

**Who** was involved? \_\_\_\_\_

**What** happened? \_\_\_\_\_

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(ADD ADDITIONAL INCIDENT SECTIONS IF NECESSARY)

**PLEASE SIGN AND DATE:**

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Signature

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Date