



Goose Creek Branch
National Association for the Advancement of Colored People
PO Box 1356
Goose Creek, SC 29445-1356
Telephone: 843-553-5573 ♦ Fax: 843-628-1950

COMPLAINT OF DISCRIMINATION FORM

Based on race color, religion, national origin, sex, age, handicapped status

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

Mail or Deliver to: Goose Creek NAACP, PO Box 1356; Goose Creek, SC 29445

(Please Print or Type)

Send by email to goosecreeknaacp@gmail.com

1. Your Name: _____
Street Address: _____
City/State/Zip: _____
Home phone: _____ Email: _____ Alternate phone: _____

2. WAS THE DISCRIMINATION BECAUSE OF: (please check those that apply)

Race or color Religion National Origin
 Sex Handicap Other

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 parties) _____

4. Have you filed a complaint with any government agency/agencies? Yes No Which ones?

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 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 its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys. If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six months.

I fully understand the limitations outlined above. _____ (initial)

I hereby authorize the NAACP to:

- 1 Communicate with the people whom I have alleged to have discriminated against me.**
- 2 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: _____

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance.

Additional Information and Notes:
