

**National Association For The Advancement Of Colored People**

**Carbondale Branch NAACP Complaint Form**

P.O. Box 3303 - [SEP]Carbondale, IL 62902[SEP]

Phone: 618/457-7722 E-mail: [carbondalebranchnaACP@gmail.com](mailto:carbondalebranchnaACP@gmail.com)

**\*\*Please note that completing this form does not constitute an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist/direct you concerning this complaint. \*\***

Name of complainant: \_\_\_\_\_

Phone (work): \_\_\_\_\_ (home): \_\_\_\_\_

Address: \_\_\_\_\_  
*street, city, state*

Nature of complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) or Company / Business against whom complaint is filed: \_\_\_\_\_

\_\_\_\_\_

Date: (when the alleged unfair action took place) \_\_\_\_\_

What if anything, did you do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide contact information for anyone who witnessed this incident:

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

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

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

Describe in detail what took place and include dates: *(Attach additional pages if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like the Branch to do for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Do you currently have an **attorney working in your behalf?** ☐ Yes ☐ No

\*\*If yes, provide information below\*\*<sup>[SEP]</sup>

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Attorney's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Have you filed an EEOC complaint?** ☐ Yes ☐ No

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_

Right to sue letter? ☐ Yes ☐ No

**Have you filed a Fair Employment & Housing complaint?** ☐ Yes ☐ No

If yes, when filed? \_\_\_\_\_ Case # \_\_\_\_\_

Right to sue letter? ☐ Yes ☐ No

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

If this is an **employment complaint** please complete the following about your employer and/or complainant:

Employer (or former employer) Name: \_\_\_\_\_

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

Street, City, State, Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Business Agent/Steward \_\_\_\_\_

District: \_\_\_\_\_ ( ) Field ( ) Base ( ) Office<sup>[1]</sup><sub>SEP</sub> Time: \_\_\_\_\_

Check the box that best describes when the incident occurred. ( ) Before ( ) During ( ) After Shift

Are you currently employed with this employer? ( ) Yes ( ) No

\*\*\*\*\*

Local Union's Name: \_\_\_\_\_

Local Union's Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Local Union's Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
<sub>SEP</sub>

Has a grievance or complaint been filed? ( ) Yes ( ) No ( ) Not sure

If yes, what is the status of that grievance or complaint? ( ) Closed ( ) In progress ( ) Not sure

Comments:

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I, \_\_\_\_\_ do hereby authorize the Carbondale Branch NAACP to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP does not provide legal representation and that the organization has certain limitations as to the scope of their influence and ability.

The Carbondale Branch will make every effort to provide some degree of assistance to it's members. If you are not a member, please access the website at [www.naacp.org](http://www.naacp.org) and join on line or print a hard copy and mail it.)

I further affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Completed Form To:** NAACP, PO Box 3303, Carbondale, IL 62902

(FOR INTERNAL USE)<sup>[SEP]</sup>

DATE: \_\_\_\_\_ CASE CLOSED    ☐ Yes    ☐ No

Follow-up, Status, Comments: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The mission of the NAACP is to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination.

The vision of the National Association for the Advancement of Colored People is to ensure a society in which all individuals have equal rights without discrimination based on race.

