



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE  
Coraopolis BRANCH P. O. Box 844, Coraopolis, Pa. 15108

## COMPLAINT OF DISCRIMINATION

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

Please Print or Type

YOUR NAME		PHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE

WAS THE DISCRIMINATION BECAUSE OF: *(Please check those that apply.)*

Race or Color  Religion  National Origin  Sex  Age  Handicapped Status  Other

WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, COMPANY, SCHOOL, ETC.

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

And (Other parties if any)

HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCY? IF SO, WHICH ONES?

Yes  No

HAVE YOU FILED A GRIEVANCE WITH YOUR UNION?  Yes  No

NAME OF LOCAL AND REPRESENTATIVE:

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE?  Yes  No

NAME OF ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

THE ACTUAL DATE OR THE MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURRED:

TIME OF DAY \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_



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EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU:

*Attach another piece of paper if necessary for more space.*

### DISCLAIMER

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Coraopolis Branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Coraopolis Branch and the complainant.

**I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.**

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

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