

COMPLAINT FORM

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Meriden/Wallingford NAACP

COMPLAINT FORM

Print this form and email to MWNAACP@gmail.com or mail to:

Meriden/Wallingford NAACP

P.O. Box 2663

Meriden, CT 06450

Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Numbers: Home () _____ - _____ Work () _____ - _____

PLEASE CHECK THE TYPE OF COMPLAINT THAT YOU ARE MAKING:

POLICE MISCONDUCT () EDUCATION ()

EMPLOYMENT () HOUSING ()

PUBLIC TRANSPORTATION () PUBLIC ACCOMODATIONS ()

BANKING & FINANCE () GOVERNMENT AGENCY ()

RACE RELATIONS () VETERANS' AFFAIRS ()

PRINT & ELECTRONIC MEDIA () STAGE & THEATRE ()

COMMUNITY RELATIONS () OTHER _____ ()

Do you currently have an attorney working in your behalf? YES () NO ()

Attorney's Name _____ Phone # _____

Attorney's Address _____

Has a Lawsuit been filed? _____ When Filed? _____

In what City? _____ In what Court? _____

Do you wish to file a civil or criminal appeal? _____

Do you have financial resources? _____

Have you filed a complaint with the EEOC, CHRO or Fair Housing & Employment? _____

If so, when? _____ Do you have a "Right to Sue" letter issued by

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either of these agencies? _____

If this is an employment complaint, please provide the following information:

Name of Employer (or former employer): _____

Address of Employer (or former employer): _____

Telephone: _____ Supervisor: _____

Union: _____ Business Agent/Steward _____

Local No. _____ Address _____

Has a grievance been filed through your union? _____

Note: The Meriden/Wallingford Branch of the National Association for the Advancement of Colored People makes every effort to provide some degree of assistance to its members. If you are not now a member, please request a membership application now and join!!!

I, _____ Do hereby authorize the Meriden / Wallingford Branch of the NAACP to investigate my complaint and to take any steps necessary to resolve

WITNESS _____ SIGNATURE _____

DATE _____ MEMBERSHIP PAID \$ _____

Please attach a copy of the EEOC or Fair Housing & Employment complaint.

Internal Use Only

DATE RECEIVED _____

REFERRED _____

DATE _____

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PLEASE DESCRIBE INCIDENT:

