

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

H. BOYD HALL BRANCH – CHAPTER #6168

POST OFFICE BOX 60715

CORPUS CHRISTI, TEXAS 78466

(361) 884-8541 Main / NAACP.CCTX@GMAIL.COM Email

Intake Questionnaire

(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

Today's Date: _____ COMPLAINT FORM

Disclaimer: Completing this form does not constitute filing an official complaint with a legal authority. At this time, the Corpus Christi Branch of the NAACP is only seeking information to assist you concerning this complaint. On a separate piece of paper, explain the details of the discrimination/harm you suffered in detail. If you provide documents, make sure they are copies, not originals. Our mission is to address discrimination in all its forms. Our Legal Redress 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 or needed, the National Office of NAACP recommends that we offer you the names of three attorneys; you may also contact the Texas Bar at (800) 561-5600 if you require assistance finding one on your own. Our involvement in reviewing this matter will not exceed 180 days or six months.

I fully understand the limitations outlined above. X _____ (Signature).

Information:

Full Name: _____

Complete Address _____

Home Phone: _____ Work Phone: _____

Cell Phone : _____ Email Address: _____

Are You a Member of the NAACP? _____ Member ID # _____



General Discrimination

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

Race/Color _____ Religion _____ National Origin _____
Sex _____ Age _____ Handicapped Status _____

2. Who discriminated against and/or harmed you?

Name: _____

Address: _____

Phone: _____

3. Have you filed a complaint with any government agency/agencies? _____ Yes _____ No

Which ones? _____

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

Name of Union and Representative:

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

Attorney's Name: _____

Address: _____ Phone: _____

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



Employment Discrimination (Fill out This Section)

Employer/Agency:

Name _____ Telephone No. _____

Address _____

Job Title _____ Wage/Salary _____

Dates of Employment _____

Name and address of person who can always reach complainant:

Type of Discrimination:

Race _____ Sex _____ Age _____

Religion _____ Handicap _____ National Origin _____



Issue:

Hiring_____

Termination_____

Discipline_____

Suspension_____

Promotion_____

Demotion_____

Transfer_____

Other (Specify) _____

Date of Incident_____

Name and Title of Discrimination Official_____

If you believe you have been discriminated against, explain why?

(PLEASE ATTACH ANY SUPPORTING DOCUMENTS)

Have you filed a complaint/charge? _____ If so, where/when? _____

Relief Requested? _____



Facts Supporting Complaint: _____

Name of Witnesses who say, heard, or prepared reports about what happened:

1. Name _____ Telephone No. _____
Address _____

2. Name _____ Telephone No. _____
Address _____

3. Name _____ Telephone No. _____
Address _____

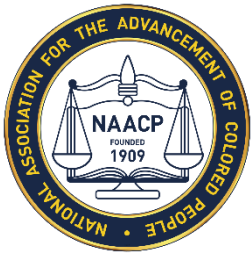
Complainant Signature: _____

Date: _____

END

Please mail complaint form to:
N.A.A.C.P. Corpus Christi
Post Office Box 60715
Corpus Christi, Texas 78466
EMAIL: NAACP.CCTX@GMAIL.COM





The National Association for the Advancement of Colored People, hereinafter referred to as the "NAACP" or the "Association," was founded on the beliefs embodied in the Constitution of the United States of America. We support democracy, dignity and freedom. Members of the NAACP, in keeping with the charge of our founders, stand against all forms of injustice. The United States of America, built by us all, belongs to all of us. The repayment for our labor is equity and justice for all. The NAACP will continue to fight for justice until all, without regard to race, gender, creed or religion enjoy equal status.

The mission of the National Association for the Advancement of Colored People is to ensure the political, educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination.

Thank you for contacting your local NAACP Chapter. Should you have any questions, please contact our office at (361) 884-8541 or by email at NAACP.CCTX@GMAIL.COM

Sincerely yours,

Jeremy Coleman
 Jeremy Coleman
 Jeremy L. Coleman
 President

OFFICE USE ONLY

Date: _____

Name: _____ Signature: _____

NAACP Legal Redress Committee Member

Referred To:

_____ NAACP Local Office/Committee	_____ NAACP State Office
_____ TX Human Rights Commission	_____ NAACP Legal Defense Fund
_____ Private Attorney	_____ Other _____

Additional Information / Notes:

Status of File:

Date Opened: _____ Date Closed: _____

Signature of Authorization for Legal Defense Fund:

 President Date

 Chief Financial Officer /Treasurer Date

