



NAACP/South Dade Branch

South Dade NAACP Discrimination Complaint Form

Date: _____

The South Dade Branch of the NAACP does not provide legal assistance and is not acting as your attorney in this matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

Cellphone _____ Home Phone _____ Work Phone _____

Please check your type of complaint:

- | | | | | | | | |
|-----------------------|-----|----------------------|-----|--------------------------|-----|-------------------|-----|
| Police Misconduct | [] | Education | [] | Employment | [] | Housing | [] |
| Public Transportation | [] | Public Accommodation | [] | Banking & Finance | [] | Government Agency | [] |
| Race Relations | [] | Veterans' Affairs | [] | Print & Electronic Media | [] | Stage & Theatre | [] |
| Communications | [] | Other | [] | | [] | | |

Do you already have an attorney working on your behalf? Yes [] No []

If yes, please complete the following:

**Do you authorize your attorney to communicate with a representative from the South Dade NAACP?
If yes, please initial here: _____**

Attorney's Name: _____ Telephone: _____

Address (City, State, Zip Code): _____

Has a lawsuit been filed? Yes [] No [] If yes, when was it filed? _____

In what city? _____ In which court? _____

Do you wish to file a civil or criminal appeal? Yes [] No []

Do you have financial resources? Yes [] No []

Have you filed a complaint with the any governmental agency? Yes [] No []

If yes, when and with which agency? _____

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

Employer or former employer: _____

Address: _____

Phone: _____ Supervisor: _____

Union: _____ Business Agent/Steward: _____

Local Number: _____ Union Phone Number: _____

Has a grievance been filed through your union? Yes [] No []

