



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 []

