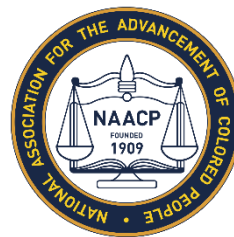


# COMPLAINT OF DISCRIMINATION FORM

This complaint form is being submitted to:  
 Arcadia-Bienville NAACP Branch #61AD-B  
 Post Office Box 362, Arcadia, Louisiana 71001  
 Email: naacparcadiabienville@gmail.com



**INSTRUCTIONS: THIS FORM MUST BE FILLED OUT COMPLETELY TO BE REVIEWED BY OUR COMMITTEE.**  
 Mail or email the completed form to the above mailing or email address.

Contact Information			
Last Name:		First Name:	Middle Initial:
Street Address:			
City:		State:	Zip Code:
Organization or Individual Complaint Directed Against			
Company or Person's Name:			
Street Address:		City	State
Parties Involved ( <i>Individuals, organization / agency involved and phone numbers if available. N/A if none.</i> )			
1.		2.	
3.		4.	
Alleged basis of discrimination (select the issue that applies, if known)			
<input type="checkbox"/> Race	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> National Origin
<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Other / Unknown
<input type="checkbox"/> Sex			
Are you currently represented by an attorney regarding this matter?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed this matter with a government agency? ( <i>If yes, please identify the Government agency(s) and date filed</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Name:		2. Name:	
Date:		Date:	
3. Name:		4. Name:	
Date:		Date:	
Actions Taken to Date: ( <i>Any steps already taken to address the matter.</i> )			



Date \_\_\_\_\_

**Additional Information:** Use this sheet to continue your Complaint Summary or add Additional Information. Your signature will be required. DO NOT SIGN THIS PAGE IF YOU DON'T USE IT.

**Important Notice** (you must select each checkbox)

Submission of this form does not establish legal representation by the NAACP. The NAACP does not provide legal advice or act as legal counsel. If you believe you have a legal claim, you are responsible for filing with the appropriate state or federal agency within any required time limits.

- I acknowledge that I have read and understand the above notice and certify that the information provided is true and accurate to the best of my knowledge.
- I understand that all questions on this form must be completed. The complaint will not be reviewed unless the form is fully completed.

**Complainant's Signature** (Typing your name serves as your official signature)

Signature:

Date:

Signature:

Date: