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NAACP
Eureka, CA Branch

BRANCH #1036
PO Box 1434
EUREKA, CA 95502
(707) 502-2546

CONFIDENTIAL

DISCLAIMERS:

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the Eureka-NAACP branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does this form establish an attorney-client relationship between the Eureka-NAACP branch and the complainant.

CONTACT INFORMATION:

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

BACKGROUND INFORMATION:

NAACP MEMBER? ☐ YES ☐ NO If yes, membership number _____

Are you currently represented by an attorney in this matter? ☐ YES ☐ NO

Has an attorney ever represented you in this matter? ☐ YES ☐ NO

If so, attorney's name: _____

If so, attorney's phone number: _____

May we contact your attorney? ☐ YES ☐ NO

BACKGROUND INFORMATION: (CON.)

Have you filed a complaint with a government agency? ☐ YES ☐ NO

If so, agency name: CONTACT INFO DATE

a. Police Dept. _____

b. County Sheriff _____

c. Office of Police Complaints _____

d. US Attorney's Office _____

e. City Council _____

f. Board of Supervisors _____

g. Other _____

Have you contacted any other nonprofit organization about your complaint? ☐ YES ☐ NO

If so, organization name: _____ DATE: _____

COMPLAINT:

Did the discrimination occur in Humboldt County? ☐ YES ☐ NO

If no, where? _____

What was the basis of the discrimination you experienced? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> RACE | <input type="checkbox"/> SEX | <input type="checkbox"/> COLOR |
| <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> GENDER IDENTITY |
| <input type="checkbox"/> RELIGION | <input type="checkbox"/> SOURCE OF INCOME | <input type="checkbox"/> AGE |
| <input type="checkbox"/> PLACE OF RESIDENCE | <input type="checkbox"/> HANDICAP | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> MARITAL STATUS | <input type="checkbox"/> PERSONAL APPEARANCE | <input type="checkbox"/> FAMILIAL STATUS |
| <input type="checkbox"/> POLITICAL AFFILIATION | <input type="checkbox"/> OTHER _____ | |

COMPLAINT:(CON.)

On what date did this occur? _____

Who discriminated against you? _____

What is your relationship? (ie, employer, tenant, teacher)

Address _____

Phone _____

Email _____

May we contact this person or entity? ☐ YES ☐ NO

Please briefly describe the discrimination you experienced.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

COMPLAINT:(CON.)

Where there any witnesses to these events?

☐ YES

☐ NO

If yes, name and phone

May we contact them?

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

☐ YES

☐ NO

Have you recorded or saved any evidence?

☐ YES

☐ NO

If so, please list: _____

Documentary evidence maybe attached to this complaint form. However, please do not attach originals.

I AFFIRM THAT I HAVE REVIEWED THIS COMPLAINT FORM AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature: _____ Date: _____

REMIT FORMS TO:

EUREKA-NAACP

ATTN: Legal Redress Committee

PO Box 1434

Eureka, CA 95502