


TEXAS STATE NAACP Civil & Human Rights Complaint Form

 <p>National Association for Advancement of Colored People 6633 Highway 290 East Suite 303 Austin, Texas 78723 (512) 985-9151 (512) 322-9992 lkerrnaacp@gmail.com</p>	Are you a current member of the NAACP? Yes Branch Location: _____ No
	Date: _____
	FOR OFFICE USE ONLY
	DATE RECEIVED: _____ FOLLOWED UP BY: _____ FORWARDED TO: _____
Last Name _____ First Name _____ Middle Initial _____	
Address _____ Telephone Number (Cell) _____	
City, State, Zip _____ Email _____	

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED, ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Are you currently represented by an attorney? Yes Attorney's Name: _____ No Email address: _____ Telephone # _____ Fax # _____	Address _____ City, State, Zip _____
Please select all that may apply (please submit copies with form)	Please list entity against which you are filing complaint ___ Place of Business ___ Government Agency ___ School District ___ Law Enforcement

Has a lawsuit been filed? Yes No If yes, when? _____

Have you filed a complaint with EEOC? Yes No If yes, when? _____

Have you filed a complaint with any other Agency? Yes No: If yes, when? _____

Have you filed a complaint with any other Organization? Yes No; If yes, when? _____

Name of the Agency or Organization: _____

Indicate type of discrimination:

Civil Rights Violation/Hate Crime Discrimination
Harassment
Housing
Law Enforcement/Racial Profiling
Retaliation
Voting/Election Education
Public Accommodations
Other: _____

How were you discriminated against?

Who discriminated against you? Include name(s), race, and gender of each.

Name:	Race:	Gender:
Name:	Race:	Gender:
Name:	Race:	Gender:

Where did the discrimination take place

Address #1:	City, State, Zip:
Address #1:	City, State, Zip:

Did anyone witness the discrimination that took place?

Witness #1: Name: _____	Address: _____
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____
Witness #2: Name: _____	Address: _____
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone: _____

What was the effect of the discrimination on you?

Were others treated differently than you were treated? ___Yes ___No; Please name the individuals and describe the difference in treatment and circumstances, if any.

What actions, if any, have been taken in response to your complaints?

Who took these actions?

When were these actions taken?

What would you like the NAACP to do for you regarding your allegation of discrimination?

Page 2

Release of Liability

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Texas NAACP State Conference of Units in seeking a remedy to the situation described above. I hereby authorize the officers of the Texas NAACP State Conference of Units to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that the NAACP is not a law firm and cannot provide me with legal advice or legal representation. Although some of its members and volunteers are lawyers, they represent the NAACP and not me personally.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the **Texas NAACP State Conference of Units WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the Texas NAACP State Conference of Units** harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature: _____ Print FULL name:

Date: _____

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

All legal claims have deadlines. For some civil rights violations, you may be required to file a notice or pursue options with a government agency before you can file a lawsuit in court. If you do not comply with time deadlines or notice requirements, you could be legally prevented from

pursuing your claim in court. Contacting the NAACP for assistance does not stop these deadlines or eliminate the need to file notices. If you have an urgent need or must meet a deadline, contact a private attorney, your local public defender, or your state's bar association. DO NOT WAIT for a response from the NAACP. (See links below)

Employment: <https://www.twc.texas.gov/jobseekers/how-submit-employment-discrimination-complaint>

Housing: <https://www.twc.texas.gov/partners/how-submit-housing-discrimination-complaint#complaintRequirements>

Election/Voting: <https://www.sos.state.tx.us/elections/forms/complaintform-sos.pdf>

Education: <https://tea.texas.gov/about-tea/contact-us/complaints/tea-complaints-management>

Public Accommodations: https://www.ada.gov/filing_complaint.htm

Law Enforcement: <https://www.tcole.texas.gov/content/complaint-procedures>

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the

Texas NAACP State Conference of Units is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked "Confidential" to: Texas State Conference of NAACP Units 6633 Highway 290 East, Suite 303 Austin, Texas 78754.

Information provided to the NAACP will be treated as confidential to the extent allowed by law.