



# NAACP

Chicago Far-South Suburban Branch

## Complaint Intake Form

1. Type or print clearly in dark ink.
2. Incomplete or unclear forms will be returned to you.
3. Enclose **copies** of important papers concerning your discrimination complaint.

TODAYS DATE: \_\_\_\_\_

1. Your Name: Mr./Ms. \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred phone number(s) for communications with our office regarding your complaint:

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone (please check one)

**2. Please provide the full name of the company, business, employer, etc., (hereafter called the "Respondent") that you have a complaint against.**

Name: \_\_\_\_\_

IL. Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

**Briefly explain your primary issue in the two sentences below:**

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**3. Please provide a brief description of what happened. Attach additional pages if necessary.**

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**4. Do you have witnesses who can support your claim? If so, state their names, addresses and phone numbers and the pertinent information they can provide. (Add more pages if necessary)**

**(OVER)**



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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Information the witness will provide:**

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Information the witness will provide:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Do you have documents or other evidence to support your claim? If so, please attach copies.**

\_\_\_ Yes \_\_\_ No

**6. Have you tried to resolve your complaint through a formal or informal grievance procedure?**

\_\_\_ Yes \_\_\_ No If your answer is yes, with whom? \_\_\_\_\_

**What was the outcome?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ AND SIGN BELOW:**

**I certify that this information is true and correct to the best of my knowledge. The NAACP will carefully evaluate your allegations to determine if a formal investigation will be initiated. If the NAACP does not open an investigation, this action should not be considered a determination of the merits of your allegations or the results of any finding of fact or law. The NAACP, by way of accepting this document, does not assume responsibility for representation or to give legal advice. The NAACP will utilize its resources and best judgement to educate community members about their options about their conflicts and access to the legal process**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**