



Chicago Far-South Suburban Branch
(CFSSB)

Unit 3006B

The NAACP acknowledges receipt of your Complaint of Discrimination. Your complaint will be forwarded to the Branch's Legal Redress Committee for consideration.

Please complete the consent form, which authorizes the Branch's Legal Redress Committee to investigate your concerns. You are encouraged to provide copies of all supporting documentation that pertains to your complaint.

Submit the authorization form, including all documentation, within 15 calendar days. It is imperative that you notify the Branch if you are unable to submit your documentation within the allotted time; if not, we will assume you have elected to withdraw your complaint.

Thank you for contacting the NAACP, CFSSB Branch. Your activism and support are greatly appreciated.

Respectfully,

Gary Dingle, President
CFSSB NAACP



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(CFSSB)

Unit 3006B

Legal Redress Authorization

I, _____, authorize the CFSSB Branch NAACP Legal Redress Committee to investigate my complaint and/or mediate my complaint with the Respondent in an effort to explore the possibility of a settlement regarding:

_____ Education	_____ Employment
_____ Housing	_____ Law Enforcement
_____ City/County	_____ Other: _____

I understand that the NAACP is not a law firm and that it cannot provide me legal advice or provide legal representation; therefore, I am not precluded from seeking litigation against the Respondent should the individuals fail to reach an agreement.

Furthermore, I understand I have the right to revoke this authorization at any time by submitting a written request, unless a proposed settlement has already been accepted.

Authorization, unless revoked in writing, shall expire within one-year from the date of authorization.

Finally, I release and hold harmless the NAACP, its officers, directors, employees, agents and volunteers from personal actions, causes of actions, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions or claims and demand whosoever in law in equity which I have ever had, may have in the future or that any of my personal representatives, successors, heirs or assigns hereafter can, shall or may have against the NAACP by reason of the NAACP's handling of my complaint.

Date of Authorization

Name of Complainant (Print)

Name of Complainant (Signature)

Name of LRC Member in Receipt

Chicago Far-South Suburban Branch Legal Redress/Civil



National Association for the Advancement of Colored People

NAACP CFSSB
P.O. Box 484
Homewood, IL 60430
708-794-8550
naacpcfssb@gmail.com

Are you a current member of the NAACP?
Yes No

DATE:

FOR NAACP USE ONLY:

DATE RECEIVED:

FOLLOWED UP BY:

Last Name	First Name	Middle Initial
Address		Telephone Number (home/mobile)
City, State, Zip		Telephone Number (work) Ext.

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (ON BOTH PAGES), ALONG WITH A ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED. YOU MAY ADD ADDITIONAL PAGES.

Do you currently have an attorney? Yes No	Address		
Attorney's Name	City, State, Zip		
Telephone # Fax#			
Please select all that may apply: (please submit copies with complaint form.)	Please List Agency in which you are filing complaint against:		
Has a lawsuit been filed? Yes No	Place of Business Government Agency		
If yes, when and where?	School District Law Enforcement Other		
Have you filed a complaint with the EEOC? Yes No	(a) Type of discrimination:		
If yes, when and which office?			
Have you filed a complaint with Fair Employment & Housing?			
Yes No If yes, when and where?			
Other actions taken:	Civil Rights Violation / Hate Crimes Discrimination Harassment Housing Racial Profiling Retaliation Other:		
(b) How were you discriminated against?			
(c) By whom were you discriminated? - Include name(s), race, and gender of each:			
Name:	Race:	Gender:	
Name:	Race:	Gender:	
Name:	Race:	Gender:	
(d) Where did the discrimination take place? Cite location/address for each incident:			
Address #1:	City:	State:	Postal code:
Address #2:	City:	State:	Postal code:
(e) Did anyone witness the discrimination that took place? Please explain.			

Witness #1: Available to make statement on your behalf: Yes No	Address:
	Phone:
Witness #2 Available to make statement on your behalf: Yes No	Address:
	Phone:
(f) What was the effect or impact of the discriminating behavior on you?	
(g) To date, what actions have you taken so far?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes No	
Name:	Address:
	Phone:
What actions, if any, were taken in response to the complaint or notice of concern?	
Who took these actions?	
When were these actions taken?	
(i) What would you like the NAACP CFSSB Branch to do for you regarding the discrimination/complaint?	

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 NAACP CFSSB Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP CFSSB Branch to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency or private attorney, the NAACP CFSSB Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP CFSSB Branch 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: _____

NON-RETALIATION REQUIREMENTS

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.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time, the NAACP CFSSB Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of substantiating documents in an envelope marked "**CONFIDENTIAL**" to:

NAACP CFSSB Branch Legal
Redress/Civil & Human Rights Complaint
P.O. Box 484

Homewood, IL 60430

NAACP CFSSB Branch
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