



LOUDOUN COUNTY NAACP COMPLAINT FORM

Loudoun County Branch NAACP
Legal Redress Committee
P. O. Box 2439
Leesburg, VA 20177
Phone #: 703-779-2990

Please Print or Type

Date: _____

Name: _____
Last Name First Name MI

Address: _____
Street/P. O. Box City State
Zip

Phone numbers: Residence _____ Cell _____ Work Phone _____

Email Address: _____

Describe specifically what happened that caused you to file your complaint. *(Use additional sheets of paper if necessary)*

Note: We will not process your application for assistance unless all questions on this form are completed along with a summary of the alleged discrimination or other Civil Rights violations that occurred. Incomplete applications will not be investigated.

Place of Employment: _____

Address: _____
Street City State Zip

Please note the following definitions

*** African American/Black - People having origins in any of the Black racial groups of Africa. Not of Hispanic Origin.**

*** Native American, American Indian or Alaskan Native - Persons who maintain cultural identification through tribal affiliation or community recognition.**

*** Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.**

*** Asian or Pacific Islander - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes for example, China, India, Japan, Korea, the Philippine Islands, or Samoa.**

*** White - Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Not of Hispanic origin.**

Your Race



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Name

Address

Phone #

What was the effect or impact of the discriminating behavior on you?

To date, what actions have you taken so far?

Have you filed a complaint with or notified any other organization or individual regarding this matter?

Yes

No

Name of person(s) or organization(s) with whom you have filed your complaint.

Name

Organization

Phone #

Name

Organization

Phone #

What actions, if any, were taken in response to your complaint or notice of concern?

Who took these actions?

When were these actions taken?

What would you like the NAACP to do for you regarding this matter?

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 Loudoun County, Virginia Branch of the NAACP in seeking a



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remedy to the situation described above. I hereby authorize the officers of the Loudoun County NAACP to have access to any information and documents, hard copy or electronic, that are relevant to my claim of discrimination described above.

I understand that once a referral to a volunteer, community agency or private attorney has been made, the Loudoun County NAACP will not be responsible for handling this matter. By signing this document, I agree to hold the Loudoun NAACP harmless for any and all damages arising as a result of my case being mishandled or any negligence in any way.

Print Full Name

Signature

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 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.

Completion of this Form

Completion of this form does not constitute filing an official complaint with a legal authority. At this time the Loudoun County NAACP is only seeking information to assist you concerning this complaint. Please mail this completed form and copies of supporting documents in an envelope marked CONFIDENTIAL to:

Loudoun County Branch NAACP
Attn: Legal Redress Committee
P. O. Box 2439
Leesburg, VA 20177