



COMPLIANT FORM

Date:		
Name:		
Address:		
City:	State:	Zip Code:
Cell:	Home:	Work:
Email:		

Complaint Type:

- | | | |
|-----------------------|--------------------------|-----------------------|
| Police Misconduct | Education | Employment |
| Housing | Public Transportation | Public Accommodations |
| Banking & Finance | Government Agency | Race Relations |
| Armed Svcs & Veterans | Print & Electronic Media | Union Representation |
| Community Relations | Other: _____ | |

Attorney Information:

Do you currently have an attorney working on your behalf? Yes No

If yes, please complete the following:

Attorney's Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email Address:	

Has a Lawsuit been filed? Yes No

If yes, please complete the following:

In what city?	In what court?	Date?
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Do you wish to file a civil or criminal appeal? Yes No

Do you have financial resources? Yes No

Have you filed a complaint with EEOC or Fair Housing & Employment? Yes No

If yes, when was it filed? _____

Employment Complaint:

If this is an employment complaint, please complete the following:

Employer or former employer:		
Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Supervisor:		Phone:

If you are represented by a Union please complete the following:

Union Name/Local No.		
Address:		
City:	State:	Zip Code:
Phone:	Email Address:	
Business Agent/Steward:		Phone:

Has a grievance been filed through your union? Yes No

Education Complaint:

If this is an education complaint, please complete the following:

School Name:		
Address:		
City:	State:	Zip Code:
Principal:	Phone:	
Teacher:	Phone:	
Counselor:	Phone:	
School Resource Officer:	Phone:	

Have you filed any complaints with the school system? Yes No

Type (e.g. Quality Assurance):	Agency (School, District):	Date
Type (e.g. Quality Assurance):	Agency (School, District):	Date
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Please describe the facts of your issue in the space provided at the end of this form.

I affirm the statements made to the NAACP are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP San Fernando Valley Branch. I hereby authorize the NAACP San Fernando Valley Branch to have access to information and documents, which are relevant to my claim of discrimination described above.

DISCRIMINATION CLAIMS MUST BE FILED WITH THE APPROPRIATE STATE AND/OR FEDERAL AGENCY IN A TIMELY MANNER. Failure to timely file may prevent the undersigned from pursuing a claim in a court of law. I further understand that I am solely responsible for contacting attorneys and timely filing any and all necessary claims. I further understand by signing this document, I am agreeing to hold the NAACP San Fernando Valley Branch harmless for any and all damages arising from the NAACP's involvement or lack thereof. The NAACP San Fernando Branch is not providing legal representation to the undersigned. Any and all communications and documents acquired by the NAACP may be discoverable in a court of law.

The San Fernando Valley NAACP makes every effort to provide some degree of assistance to its members. If you are not a member, please request a membership form or visit <https://sfvnaacp.org/index.php/membership-donations/> now and join.

I do hereby authorize the NAACP San Fernando Valley Branch to investigate civil or human rights violations related to my complaint:

Signature of Complainant:	Date:
Name of Witness (Print):	
Signature of Witness:	Date:
Member Number:	Date of Membership:

Please attach a copy of any official complaints you have filed.

Print this form, sign and mail or email to:

NAACP San Fernando Valley Branch #1064
 PO Box 922092
 Sylmar, CA 91392-20921

secretary@sfvnaacp.org

FOR INTERNAL USE ONLY		
Date Received:	Referred to:	Date Referred:
Date Received:	Received by:	
Date Received:	Referred to:	Date Referred:
Date Received:	Received by:	

Please describe your issue below: