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NAACP

Greater Terre Haute Branch #3068 • PO Box 10538 • Terre Haute, IN • 47801-0538

Anonymous Complaint Form

The purpose of this form is to gather anonymous information for tabulation and reporting of local incidents. Completing this form does not constitute an official complaint with any legal authority, nor does completing this form establish an attorney-client relationship between the NAACP Greater Terre Haute branch and the complainant. Because of the anonymous nature of the report, the NAACP will not be able to take action on your behalf other than to report and issue statistics on a incidents reported anonymously in its quarterly and/or annual reporting.

COMPLAINT

1 **Did the incident about which you are filing this complaint occur in the Terre Haute area?** ☐ **Yes** ☐ **No**

1a If not, where did the incident occur? _____

2 **If the occurrence involved discrimination, what was the basis of the discrimination you experienced (Check all that apply)**

- ☐ **Race**
- ☐ **Color**
- ☐ **National Origin**
- ☐ **Religion**
- ☐ **Age**
- ☐ **Physical Ability**
- ☐ **Marital Status**
- ☐ **Familial Status**
- ☐ **Other** _____
- ☐ **Sex**
- ☐ **Sexual orientation**
- ☐ **Gender identity or expression**
- ☐ **Source of income**
- ☐ **Place of residence or business**
- ☐ **Matriculation (student status)**
- ☐ **Personal Appearance**
- ☐ **Political Affiliation**

3 **On what date(s) did the incident occur?** _____

4 **Who is your complaint against?** _____

4a Address _____

_____

_____

4b Phone number _____

4c Email address _____

4d May we contact this person or entity? ☐ **Yes** ☐ **No**

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5

Please describe the incident(s) about which you are filing this complaint below:

(attach additional pages if desired)

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Please describe the incident(s) about which you are filing this complaint below (continued)

5

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6 **Were there any witnesses to the incident(s)?** ☐ **Yes** ☐ **No**

If so, please specify please identify the witnesses below:

	Name	Telephone Number	May we contact him/her?
			☐ **Yes** ☐ **No**
6a			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**
			☐ **Yes** ☐ **No**

7 **Have you recorded or saved any evidence?** ☐ **Yes** ☐ **No**

If so, please list:

7a _____

_____

_____

Attach copies of documentary evidence if desired.

❖ **DO NOT ATTACH ORIGINAL DOCUMENTS** ❖

Send completed form to:

NAACP Greater Terre Haute Branch • Unit #3068
Attn: Legal Redress Committee
PO Box 10538
Terre Haute, IN 47801-0538