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NAACP

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

Legal Redress Complaint Form

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Greater Terre Haute branch may be able to assist you with your complaint. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Greater Terre Haute branch and the complainant.

CONTACT INFORMATION

1	Name	_____
2	Address	_____ _____ _____
3	Phone Number	_____
4	Email Address	_____

BACKGROUND INFORMATION

5	Are you a member of the NAACP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a	If so, what is your membership number?	_____	
6	Are you currently being represented by an attorney in this matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Has an attorney ever represented you in this matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6b	If so, please provide the attorney's name	_____	
6c	If so, please provide the attorney's phone number	_____	
6d	May we contact your attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Have you filed a complaint with any government agency? Yes No

If so, please specify which agency and provide the details requested below:

Contact Person

Date

- EEOC
- Labor Union (please specify which)
- HUD
- Human Relations Commission
- Police/Sheriff's Department
- US Attorney's Office
- City/County Council
- Other (Please specify)

Contact Person	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7a

8

Have you contacted any other non-profit organization about your complaint? Yes No

If so, please provide the organization name and date of contact

8a

COMPLAINT

9

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

If not, where did the incident occur? _____

9a

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

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender identity or expression |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Source of income |
| <input type="checkbox"/> Age | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> Physical Ability | <input type="checkbox"/> Matriculation (student status) |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Personal Appearance |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Other _____ | |

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

12

Who is your complaint against? _____

12a

What is your relationship (e.g. employee, tenant, customer) _____

Address _____

12b

12c

Phone number _____

12d

Email address _____

12e

May we contact this person or entity? **Yes** **No**

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

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



13

Lined area for describing the incident(s).

(attach additional pages if desired)

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

If so, please specify please identify the witnesses below:

14a

Name

Telephone Number

May we contact him/her?

Yes No

Yes No

Yes No

Yes No

15

Have you recorded or saved any evidence? Yes No

If so, please list:

15a

Attach copies of documentary evidence if desired and **sign below.**

❖ DO NOT ATTACH ORIGINAL DOCUMENTS ❖

I, the undersigned, affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information and belief.

Complainant Name (printed): _____

Complainant Signature: _____ Date: _____

Send completed form to:

NAACP Greater Terre Haute Branch • Unit #3068

Attn: Legal Redress Committee

PO Box 10538

Terre Haute, IN 47801-0538