

Norwich Branch NAACP
P. O. Box 24
Norwich, CT 06360
(860) 886-1686 Fax (860) 886-1686
www.norwichbranchnaacp.org

Legal Redress Complaint Intake Form

PLEASE NOTE THAT WE CAN NOT PROPERLY ADDRESS YOUR COMPLAINT UNLESS ALL QUESTIONS ARE COMPLETED. THANK YOU.

Date: _____

Complainant's Name: _____ Telephone Number(s): _____,
_____.

May we leave a message for you on your voicemail/answering machine? ____ Yes, ____ No

Address: _____.

NAACP Member: ____ yes, ____ no.

Character of Complaint: ____ Housing; ____; Public accommodations (for example, transportation, restaurant, park, library, hotel); ____ Employment; ____ Police/Court; ____ Voting; ____
____ Other (_____).

Discrimination based on (mark all that applies): ____ Race; ____ Sex; ____ Age; ____ Religion;
____ Disability; ____ Veteran's Status; ____ Sexual Orientation; ____ Education

Racial Identity of the Complainant (check all that apply):

African American/Black	
Asian/or Pacific Islander	
Hispanic/Latino	
Native American	
White/Caucasian	

Religious Identity of the Complainant (check all that apply)

Witnesses:

Name: _____ **Tel:** _____

Name: _____ **Tel:** _____

Name: _____ **Tel:** _____

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 Norwich Branch of NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Norwich, Connecticut Branch of the NAACP to have access to the information and documents which 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, Norwich NAACP WILL NOT BE RESPONSIBLE FOR HANDLING this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the Norwich Branch of the NAACP 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: _____ .

Completion of This Form

Completing this form does not constitute filing an official complaint with a legal authority. At this time the Norwich Branch of the NAACP is only seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining document in an envelope marked confidential to:

NAACP Internal Use Only

Complainant's Name: _____ **Date of Complaint:** _____.

Character of Complaint: ___ housing; ___ ; public accommodations; ___ employment;
___ police/courts; ___ voting; ___ other (_____).

Prior Complaints Against this person/business/municipality:

Referrals made to the Complainant: _____

_____.

Formal Branch Action, if any:

_____.

45 day Follow-Up Due by: (insert date) __/__/_____.

Result of 45 Day Follow Up w/Complainant:

_____.

Recommendations: _____ (continue follow-up) _____ (close file)