** NAACP**

**Collin County, TX Branch #6165**

**Complaint of Discrimination**

\*Based on race, color, religion, national origin, sex, age, or handicapped status

***Completing this form does not constitute an official complaint with a legal authority.***

***At this time, the NAACP is only seeking information to assist you concerning this complaint***

Please print or type | Email completed form to: legalredress@collincountynaacp.org | Call us to hand deliver this form: 469-305-1553

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 **Name, Phone Number & Email**

**Street Address**

**City**

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**Was the discrimination because of** (Please cheek all that apply)

\_\_ Race or Color \_\_ Religion \_\_ National Origin \_\_ Sex \_\_ Age \_\_\_\_Handicapped Status \_\_\_ Other

StreetAddress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who discriminated against you?** Give name and address of the employer, labor organization, employment agency, etc. (List all)
 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And (other parties if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you filed a grievance with your union? \_\_ Yes \_\_ No or Equal Employment Opportunity Commission -EEOC

Name of Local and Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you retained an attorney regarding this case?**  \_\_ Yes \_\_ No

Name and Phone number of Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The actual date or the most recent date on which this discrimination occurred?**

Time of Day \_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_ Year

**Explain what unfair thing was done to you:** (Attach other documents or comments, if you need more space.)

I affirm that I have read the above charges/statement and that it is true to the best of my knowledge, information, and belief.

Signature of Complainant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Collin County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Collin County-NAACP #6165 to have access to information and documents which are relevant to my claim of discrimination described above.

I understand that once a referral has been made to a volunteer, community agency, or private attorney, the **Collin County-NAACP Branch #6165 WILL NOT BE RESPONSIBLE** for handling this matter. In fact, I further understand that by signing this document, I am agreeing to **HOLD the Collin County-NAACP Branch** 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 employment 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**

**Completing this form does not constitute filing an official complaint with a legal authority. At this time, the Collin County-NAACP Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked “Confidential” to:** Collin County NAACP; PO Box 3187; McKinney, TX 75070