



NAACP

Allegany County Branch

UNIT #7007

2021-2023

Discrimination Complaint form

Disclaimer: The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Allegany County Branch 7007 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 Allegany County Branch 7007 branch and the complainant.

Legal Redress Authorization

I, _____, authorize the Allegany County Branch #7007 NAACP Legal Redress Committee to investigate my complaint and/or mediate my complaint with the Respondent in an effort to explore the possibility of a settlement regarding:

Education Employment

Housing Law Enforcement

City/County Other:

I understand that the NAACP is not a law firm and that it cannot provide me legal advice or provide legal representation; therefore, I am not precluded from seeking litigation against the Respondent should the individuals fail to reach an agreement.

Furthermore, I understand I have the right to revoke this authorization at any time by submitting a written request, unless a proposed settlement has already been accepted.

Authorization, unless revoked in writing, shall expire within one-year from the date of authorization.

Finally, I release and hold harmless the NAACP, its officers, directors, employees, agents and volunteers from personal actions, causes of actions, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses,

damages, judgments, executions or claims and demand whosoever in law in equity which I have ever had, may have in the future or that any of my personal representatives, successors, heirs or assigns hereafter can, shall or may have against the NAACP by reason of the NAACP's handling of my complaint.

Date of Authorization:

Name of Complainant (Print):

Name of Complainant (Signature):

Name of LRC Member in Receipt:

Full Name:

Address:

Email:

Phone:

Yes, I am a ALCO NAACP #7007 member.

If so, what is your membership # _____

No, I am not and would like to apply.

To become a member of Alco NAACP #7007 you can apply on our website: <https://www.naacpallegany.org/>

Are you currently represented by an attorney?

Yes

No

No, but I would like an attorney recommended to me.

If so, can we please have your attorney contact information?

Name _____

Phone _____

Email address _____

May we contact your attorney?

- Yes
- No

Please choose from the following category:

- Education
- Prison System
- Police System
- Employer Discrimination
- Housing
- Racial Terror, Discrimination or Harassment

Have you filed a complaint with any other government agencies?

- Yes
- No

If so, which one?

- EEOC
- Labor union (please specify) union _____
- HUD
- Human Relations Commission
- Police/Sheriff's Department
- U.S Attorney _____
- City Council/Commissioner
- Other(please be specify) _____

Please write your complaint below.

I, _____ on the following date

_____ was _____

| | |
|--|------------------------|
| Witness #1: Available to make statement on your behalf: Yes / No | Address: |
| | Phone: |
| Witness #2 Available to make statement on your behalf: Yes / No | Address: |
| | Phone: |
| (f) What was the effect or impact of the discriminating behavior on you? | |
| (g) To date, what actions have you taken so far? | |
| (h) Have you filed a complaint with or notified any other organization or individual regarding this manner? Yes No | |
| Name: | Address: |
| | Phone: the other other |

| |
|---|
| What actions, if any, were taken in response to the complaint or notice of concern? |
|---|

| |
|--|
| Who took these actions? |
| <ul style="list-style-type: none"> When were these actions taken? |
| (i) What would you like the NAACP Allegany County Branch to do for you regarding the discrimination/complaint? |
| |

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 NAACP Allegany County Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Allegany County Branch 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 NAACP Allegany County Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to not HOLD the NAACP Allegany County 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: _____

NON-RETALIATION REQUIREMENTS

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.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. At this time the NAACP Allegany County Branch #7007 is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of substantiating documents in an envelope marked "**CONFIDENTIAL**" to: Allegany County NAACP Branch

Legal Redress/Civil & Human Rights Complaint

For Allegany County NAACP #7007 use only:

Date received: _____

Case NUmber # _____

Followed up by: _____

Date closed by: _____

Name of NAACP REP who processed form: _____

- Passed to MSC
- Passed to attorney
- Mediation
- Statement issued
- Given resources
- Passed to a government agency

Results: _____
