

**NAACP
DENVER BRANCH
REQUEST FOR ACTION/COMPLAINT FORM**

Date filed: _____

Complainant Physical Address /Your Address:

Where you live

Contact Phone

Where you may be reached

(Residence) : _____

(Work) : _____

(Mobile/Cell) : _____

REFERENCES:

Individual(s) who may vouch or attest to your complaint

Name:

Contact Number

1. _____

2. _____

3. _____

Type of Complaint: *Please check all that apply*

Employment **Race** **Age** **Sex** **Religion**

Ethnic Background **Handicapped status** **Sexual Orientation**

Other: _____

DETAILED DESCRIPTION OF COMPLAINT:

Describe the incident in detail

(please use a separate sheet of paper if needed - be as detailed as possible)

SUPPORTING DOCUMENTATION and/or EXHIBITS (if applicable):

Describe and attach any documentation you have ie emails, written correspondence, pictures, etc

(please use a separate sheet of paper if needed- be as detailed as possible)

SUPPORTING STATEMENTS (please include names):

Include comments or statements made

(please use a separate sheet of paper if needed - be as detailed as possible)

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____ hereby authorize personnel of the NAACP Denver Branch, and all of its officers and assigns, including its President, of Legal Redress Committee, to inspect review and copy any and all records, files, test results, interview notes, memoranda, and any and all other documents pertaining in any fashion to me, including but not limited to school records, medical records, psychological and/or psychiatric records, and any other records in the possession of any person or agency, public or private.

My birth date is: _____

My Social Security Number is:(optional) _____

Print Name

Signature **Date**

WHAT OTHER AGENCIES HAVE YOU CONTACTED:

1. _____ 2. _____

3. _____ 4. _____

HAVE YOU FILED A COMPLAINT WITH YOUR UNION?

Yes _____ No _____

**Name(s) of local union and
representative** _____

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE?

Yes ___ No ___

Name of Attorney/Firm:

Attorney Address: _____

Attorney Phone Number: _____

**Additional pertinent information that may have any bearing on this complaint
complaint:** _____

(attach separate form if needed)

IS THE COMPLAINANT A MEMBER OF THE NAACP Yes_____ No_____?

- 1. Pursuant to the NAACP Denver's policies and procedures, the Complainant agrees to confer with the Committee investigating the complaint within one week from the date of filing this complaint.**
- 2. This agreement shall constitute an authorization from the NAACP to investigate and represent the Complainant (s) in this matter when and where necessary.**
- 3. The Complainant (s) understands that this Agreement shall supersede all communications, oral or written, between the Complainant (s) and the NAACP in this matter.**
- 4. The NAACP Denver Branch shall not be liable or deemed in default for any delay or failure in performance of this Agreement.**
- 5. The Complainant (s) agrees that the NAACP Denver Branch will not be liable for consequential incidental damages or any claim or demand of any nature or kind, arising out of the Agreement and thus no action or suit, regardless of form, arising out of this Agreement and thus no action or suit, regardless of form, arising out of this Agreement may be brought against the NAACP, its Committee or its Officers.**
- 6. The Complainant (s) acknowledges that he/she has read this Agreement and agrees to be bound by its terms.**

DATE: _____

Signature(s) of Complainant(s)