



Buffalo, New York, NAACP Branch Legal Redress Committee Complaint Form

CONFIDENTIAL

LEGAL DISCLAIMER:

The Legal Redress Committee of the Buffalo, New York, NAACP Branch receives and investigates all cases of reported discrimination and civil rights violations. The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the Buffalo, New York, NAACP 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 Buffalo, New York NAACP 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? Yes No
 - 5a. If so, membership number: _____
6. Are you currently represented by an attorney in this matter? _____
 - 6a. Has an attorney ever represented you in this matter? _____

6b. If so, attorney's name: _____

6c. If so, attorney's phone number: _____

6d. May we contact your attorney? Yes No

7. Have you filed a complaint with any government agency? (Many filings are subject to strict time limitations.) Yes No

7a. If so, agency name:	Contact person (if any):	Date:
<input type="checkbox"/> EEOC	_____	_____
<input type="checkbox"/> Labor Union	_____	_____
<input type="checkbox"/> HUD	_____	_____
<input type="checkbox"/> Human Rights Office	_____	_____
<input type="checkbox"/> Police Department	_____	_____
<input type="checkbox"/> Office of Police Complaints	_____	_____
<input type="checkbox"/> U.S. Attorney's Office	_____	_____
<input type="checkbox"/> Other:	_____	_____

8. Have you contacted any other nonprofit organization about your complaint? Yes No

8a. If so, organization name: _____ Date: _____

COMPLAINT

9. Did the discrimination complained of occur in Buffalo New York? Yes No

9a. If no, where? _____

10. What was the basis of the discrimination you experienced? (Check all that apply.)

- Race
- Color
- National origin
- Religion
- Age
- Handicap
- Marital status
- Familial status
- Other: _____

- Sex
- Sexual orientation
- Gender identity or expression
- Source of income
- Place of residence or business
- Matriculation (student status)
- Personal appearance
- Political affiliation

11. On what date(s) did this occur: _____

12. Who discriminated against you? _____

12a. What is your relationship?
(e.g., employee, tenant, customer) _____

12b. Address: _____

12c. Phone number: _____

12d. Email address: _____

12e. May we contact this person or entity? Yes No

13. Please briefly describe the discrimination you encountered.

14. Were there any witnesses to these events? Yes No

14a. If so, name:

Telephone number:

May we contact him/her?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Yes No

Yes No

Yes No

Yes No

Yes No

15. Have you recorded or saved any evidence? Yes No

15a. If so, please list:

**(Documentary evidence may be attached to this complaint form.
However, please do not include any originals.)**

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

Signature:

Date:

Please send completed forms to:

Buffalo NAACP Branch

Attn: Legal Redress Committee

395 East Ferry Street

Buffalo, New York 14208

716-884-7243 FAX

Email to: NAACP@buffalonaacp.org

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