Legal Redress Committee Complaint Form

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? _______________________

1
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:  
☐ EEOC  ☐ Labor Union  ☐ HUD  ☐ Human Rights Office  ☐ Police Department  ☐ Office of Police Complaints  ☐ U.S. Attorney’s Office  ☐ Other:  
   Contact person (if any): ____________________________________________  Date: ________

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.)
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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