



The Greater Grand Rapids Branch:
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NAACP ACTION / HANDLING / DEPOSITION FORM COMPLAINT FORM

Please read and complete all pages of this complaint form carefully. You may NOT take this form home to complete.

Please NOTE!

If your complaint alleges employment discrimination, it is extremely important that you write down:

- The name and address of the business
- The date, place, and time of each incident
- The person(s) involved and witnesses (if any)

Remember, thoroughly complete forms will help expedite the handling of your complaint. Please remember to sign this document in the appropriate area.

If you have an urgent civil rights complaint, you may wish to contact:

- Michigan Department of Civil Rights (256-2663)
- Equal Employment Opportunity Commission (EEOC) (226-7636)
- The American Civil Liberties Union (ACLU) (961-4662)
- For Legal Consultation, you may wish to contact: The Wolverine Bar Association (313) 962-0250 or Lawyer Referral Services (961-3545)

NOTE: The NAACP is not funded by a government or public funds. We rely solely upon support of members to protect the civil rights of all citizens. We ask you to join the NAACP today. A basic membership for adults starts at only \$30.00 per year.

The Greater Grand Rapids Branch is only able to provide services to assist victims of discrimination because many persons support the NAACP through memberships. We do not receive government support or corporate funding to process civil rights complaints.

Please make sure that your NAACP membership is current so that we may continue to provide these services. Thank you for your cooperation.



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INDIVIDUAL COMPLAINT PROCEDURES MEMORANDUM OF UNDERSTANDING

The NAACP Grand Rapids Branch provides the following:

1. The NAACP provides an opportunity for you to formally file a complaint.
2. The NAACP provides an initial review to determine merit of complaint.
3. The NAACP may provide official inquiry via letter(s), phone call(s), site visit(s), and referral(s).
4. The NAACP provides information about attorney referral services: We do NOT recommend attorneys.
5. The NAACP may provide expert testimony via attorney secured by client.
6. The NAACP is not an enforcement agency and therefore often refers complaint cases to Michigan Department of Civil Rights, Human Rights Department, Equal Employment Opportunity Commission, etc...
7. The NAACP provides forums to inform the public of racial discrimination.
8. The NAACP may provide a written report following a fact finding official inquiry with recommendation to eliminate discrimination.
9. The NAACP may provide consultation to educate persons as to their constitutional rights.
10. The NAACP does provide case review and follow-up on cases that have been designed for the NAACP follow through action.
11. The NAACP reserves the right to investigate and act on cases based on our determination.

The NAACP Grand Rapids does not provide the following:

1. The NAACP does not provide services for cases determined not to be to discrimination by race.
2. The NAACP does not provide legal representation for individual cases.
3. The NAACP does not provide endorsement, recommendation or specific names of attorneys. We do however; provide the names of attorney referral agencies.
4. The NAACP does not provide financial assistance for attorney services.

Please retain your original documents. The Grand Rapids NAACP is not responsible for lost documents. Any information submitted to the NAACP becomes the property of the Grand Rapids NAACP.



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PLEASE PRINT OR TYPE:

Today's Date: _____

Mr. / Ms. / Mrs. _____
First Middle Last

Street Address _____

City State Zip

Phone Number () _____ () _____
Day Evening

Ethnicity / Race _____ Sex _____ Age _____

Are you a member or past member of the NAACP? _____ YES _____ NO
If YES, identify the chapter and your membership expiration date: _____

Name and Address of Respondent: (Party your filing against)

Name: _____

Company (if applicable): _____

Main Contact Name: _____ Title: _____ Phone _____ Email _____

Complete Address: _____

Telephone Number: () _____

Cause of discrimination or civil complaint. (Check appropriate area(s))

_____ Race _____ Sex _____ Color _____ National Origin _____ Age _____ Disability

_____ Other (*please specify*) _____



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Please check (1) or more of the agencies below that you have contacted prior to your visit today.

EEOC _____ ACLU _____ Michigan Department of Civil Rights _____

HUD _____ National Labor Relations Board _____

Law Enforcement Agency (identify) _____ Other (identify) _____

Have you made any attempts to discuss this problem with the respondent?

_____ YES _____ NO – If YES, who did you contact concerning your problem? _____

When? _____

Why do you believe what happened to you was based on (race/disability/sex, etc.)?

Are you aware of any person(s) of any other race who may have experienced similar discrimination?
If yes, please provide name, phone number and email.

Are you aware of the organizations processes or procedures required to file an internal complaint?
___ Yes ___ No

Have you followed such a process? ___ Yes ___ No

Please submit any written materials, dates, or other documents which you think are important to your complaint. Please keep your original documents.

Does the organization you have identified have more than 15 employees? _____ Yes _____ No

