



WEST METRO NAACP
(Paulding & Douglas Counties)
P.O. BOX 285
DALLAS, GA 30132
678 318-3483
www.westmetronaACP.org

COMPLAINT FORM

PLEASE TYPE OR PRINT:

Today's Date: _____

1. Name and address of complainant:

Name: _____
First Middle Last

Address: _____
City State Zip

Phone Number: _____
Day Evening

E-mail Address: _____

Research Data (Optional): _____
Ethnicity Sex Age

2. Name and address of Respondent: (party you are filing against)

Name: _____

Company: _____

Complete Address: _____

Telephone Number: _____

3. Was the discrimination because of:

Race ____ Sex ____ Age ____ Harassment ____ Retaliation ____ Handicap ____
Religion ____ **Please Check Appropriate Area(s).**

4. Have you filed a complaint with any governmental agencies? ____ Yes ____ No

If yes, state which ones:

5. Have you retained an attorney? ____ Yes ____ No

If yes, give the name and phone number: _____

6. Factual information about your complaint, please include **name(s) and date(s)**: *Tell us as much as you can. For example: were you fired? Did you fail to get a promotion? Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age, or other? **Please Use A Separate Paper If Necessary And Attach.***

7. Requested Relief:

8. Are you a member or past member of the NAACP? ____ Yes ____ No

If yes, identify the Branch and your membership expiration Date: _____

