

**Toledo Ohio Branch of the NAACP
Complaint Form**



Date of Complaint: _____ Date of the incident: _____

Name of Complainant: _____

Address of Complainant: _____

City: _____ State: _____ Zip: _____

Home number: _____ Cell number: _____

Email: _____

PLEASE CHECK THE TYPE OF COMPLAINT THAT YOU ARE MAKING:

BANKING & FINANCE ()

COMMUNITY RELATIONS ()

EDUCATION ()

EMPLOYMENT ()

GOVERNMENT AGENCY ()

HOUSING ()

POLICE MISCONDUCT ()

PRINT & ELECTRONIC MEDIA ()

PUBLIC TRANSPORTATION ()

PUBLIC ACCOMODATIONS ()

RACE RELATIONS ()

STAGE & THEATRE ()

VETERANS' AFFAIRS ()

OTHER _____ ()

On a separate sheet describe the complaint in detail to include dates times and the reason you believe your civil rights were violated. (To be attached to this form)

Office Use ONLY

Completed Complaint form received by: _____ Date: _____

Complaint Reviewed by: _____ Date: _____

Complaint assigned for investigation? Yes () No ()

If yes, person assigned to investigate: _____ Date: _____

Investigation Form Completed? Yes () No () Date: _____

Preliminary interview by: _____ Date of interview: _____

In person () via phone ()

Location of interview: _____

Do you currently have an attorney working in your behalf? YES () NO ()

Attorney's Name: _____

Attorney's Address: _____

Attorney's Phone: _____ Email: _____

Has a lawsuit been filed? Yes () No ()

If yes, When filed? _____

In what city? _____ In what court? _____

Have you filed a complaint with the EEOC or Fair Housing & Employment? Yes () No ()

If so, when? _____

Do you have a "Right to Sue" letter issued by either of these agencies? Yes () No ()

If this is an employment complaint, please provide the following information.

Employer (or former employer): _____

Address: _____

City State Zip: _____

Contact number: _____

Supervisor: _____

Union: _____ Local #: _____

Business Agent/Steward: _____

Address: _____

Has a grievance been filed through your union? Yes () No ()

I, _____ Do hereby authorize the Toledo Branch of the NAACP to investigate my complaint and to take any steps necessary to resolve it.

Complainant Signature: _____

WITNESS Signature: _____

NAACP MEMBERSHIP NUMBER:

Investigation Form

Investigator: _____ Position (NAACP) _____

Investigation: (A synopsis of the investigation, i.e. meetings other interviews including dates, times and locations)

Findings: (The result of the investigation)

Civil Rights Violation? Yes () No ()

Action/Recommendations:

Investigator's Signature:

Date:

Copy of Report provided to complainant? Yes () No ()

If yes, Date: _____

US Mailed () Emailed () In person ()