

Do you currently have an attorney working in your behalf? Yes No Not sure
If yes, provide information below

Attorney's Name _____

Attorney's Address _____
(Street) (City) (State) (Zip)

Attorney's Telephone: () _____ Fax: () _____

Has a lawsuit been filed? Yes No Not sure

If yes, when filed? _____
mm/dd/yyyy

In which city? _____

In which court? _____

Have you filed an EEOC complaint? Yes No Not sure

If yes, when filed? _____ Case# _____
mm/dd/yyyy

Right to sue letter? Yes No Not Sure

Have you filed a Fair Employment & Housing complaint? Yes No Not Sure

If yes, when filed? _____ Case# _____
mm/dd/yyyy

Right to sue letter? Yes No Not Sure

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

NAACP Human Rights Complaint Form

***** Internal Use Only *****

Date of Branch receipt: _____

Date of Committee receipt: _____

Committee Action

Committee Review Date: _____

Assigned/Requested Case Number: _____ Date: _____

Logged onto log sheet: _____ Date: _____

Telephone Call: _____ Date: _____

Mailed forms: _____ Date: _____

Referred to: _____ Date: _____

Other: _____ Date: _____

Committee/Branch notes (*initial and date all notations made*)