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NAACP

Pomona Valley Branch 1085B

Complaint of Discrimination

Completing this form does not constitute an official complaint with a legal authority.
At this time, NAACP is only seeking information to assist you concerning this complaint.

Name: _____

Address: _____

Phone Number : _____

Email: _____

What was the discrimination based on? (Please check all that apply)

Race/Color	Sex	Reprisal/Retaliation
National Origin	Age	Other
Religion	Disability	

Who discriminated against You? (Employer, Organization, Agency, etc.)

Name: _____

Address: _____

Additional Parties (If Any) _____

Date of Occurrence: _____ Time of Occurrence: _____

Explain Incident: (Attached additional pages if necessary)

Have you filed a grievance with any government agency?

Yes (If Yes, which agency? _____)

No

Have you filed a grievance with your union? Yes No

Union Representative: _____

Have you filed with Equal Employment Opportunity Commission?

Yes No

EEOC Name: _____

Local Representative: _____

Have you retained an attorney regarding this case? Yes No

Attorney's Name: _____

Phone Number: _____

Address: _____

Email: _____

Are you a member of the NAACP? Yes NO

If Yes, Branch Name & Number: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Mail Completed Form To:
NAACP Pomona Valley Branch 1085B
1460 E. Holt Ave #142,
Pomona, CA 91767

ALLOW SEVEN TO TEN DAYS FOR A RESPONSE