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PLEASE MAIL OR DELIVER TO:
Monroe/Ouachita Parish NAACP Branch #6068 Legal
Redress/Civil & Human Rights Complaint P. O. Box 13063
Monroe, Louisiana 71213-3063
[Monroe OPNAACP@outlook.com](mailto:Monroe_OPNAACP@outlook.com)

Complaint of Discrimination Form

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

Today's Date: _____

CONTACT INFORMATION

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Home Telephone:	Work Telephone:	Cell Telephone:	
Email Address:			

Please Note that we will not process your application unless all questions are completed. Incomplete applications will not be investigated. You may add additional pages.

COMPLAINT OF DISCRIMINATION DIRECTED AGAINST

Company or Person Name			
Address:	City:	State:	Zip:
Telephone:	Was the alleged discrimination because of: (please check all that apply) () Race or Color () Religion () National Origin () Sex Age () Disability/Handicapped status () Other		
Date of Incident/infraction:		Time of incident/infraction (a.m./p.m.):	
Have you filed a complaint with any governmental agencies? Which ones(s)?		Have you retained an attorney regarding this case?	

List names, phone numbers and addresses of all persons involved or who witnessed incident.

1. _____
2. _____
3. _____
4. _____

