

Watauga County, North Carolina NAACP Branch

Complaint of Discrimination

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

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Name:
Address:
Phone Number:
E-Mail Address:
What was the discrimination based on? (Please cheek all that apply)
Race/Color Sex Reprisal/Retaliation National Origin Disability Religion Disability
Who discriminated against you? (Employer, organization, agency, etc.) Name: Address: Additional Parties (If any)
Date of Occurrence: Time of Occurrence:
Explain Incident: (Attach additional pages if necessary)

Have you filed a grievance with any governmental 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:
Are you a member of the NAACP? Yes No If yes, which Branch?
I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.
Date:

Mail Completed Form To:
Watauga County NAACP Branch
P.O. Box 2495
Boone, NC 28607