



WWW.NAACP.ORG

NAACP
Eureka, CA Branch

Unit#1036
PO Box 1434
EUREKA, CA 95502
(707) 502-2546

CONFIDENTIAL

DISCLAIMERS:

The Eureka NAACP Legal Redress Committee members are not able to provide legal advice. The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the Eureka-NAACP branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does this form establish an attorney-client relationship between the Eureka-NAACP branch and the complainant.

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

BACKGROUND INFORMATION:

NAACP MEMBER? YES NO If yes, membership number _____

Are you currently represented by an attorney in this matter? YES NO

Has an attorney ever represented you in this matter? YES NO

If so, attorney's name: _____

If so, attorney's phone number: _____

May we contact your attorney? YES NO

BACKGROUND INFORMATION: (CON.)

Have you filed a complaint with a government agency? YES NO

If so, agency name:	CONTACT INFO	DATE
a. Police Dept.	_____	
b. County Sheriff	_____	
c. Office of Police Complaints	_____	
d. US Attorney's Office	_____	
e. City Council	_____	
f. Board of Supervisors	_____	
g. Other	_____	

Have you contacted any other nonprofit organization about your complaint? YES NO

If so, organization name: _____ DATE: _____

COMPLAINT:

Did the discrimination occur in Humboldt County? YES NO

If no, where? _____

What was the basis of the discrimination you experienced? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> RACE | <input type="checkbox"/> SEX | <input type="checkbox"/> COLOR |
| <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> GENDER IDENTITY |
| <input type="checkbox"/> RELIGION | <input type="checkbox"/> SOURCE OF INCOME | <input type="checkbox"/> AGE |
| <input type="checkbox"/> PLACE OF RESIDENCE | <input type="checkbox"/> HANDICAP | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> MARITAL STATUS | <input type="checkbox"/> PERSONAL APPEARANCE | <input type="checkbox"/> FAMILIAL STATUS |
| <input type="checkbox"/> POLITICAL AFFILIATION | <input type="checkbox"/> OTHER _____ | |

COMPLAINT:(CON.)

Where there any witnesses to these events?

YES NO

If yes, name and phone

May we contact them?

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

Have you recorded or saved any evidence?

YES NO

If so, please list: _____

Documentary evidence maybe attached to this complaint form. However, please do not attach originals.

What is your desired outcome?

I AFFIRM THAT I HAVE REVIEWED THIS COMPLAINT FORM AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature: _____ Date: _____

REMIT FORMS TO:

EUREKA-NAACP

ATTN: Legal Redress Committee

PO Box 1434

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