



NAACP
Columbia, SC Branch

Discrimination Complaint Form

Please note additional agencies or organizations may receive this complaint form for review purposes. By the Columbia SC Branch NAACP forwarding this complaint, you acknowledge the possibility that other agencies or organizations may receive the information contained in this complaint form in order to assist you with your concerns. Assistance from the Columbia SC Branch NAACP and other agencies or organizations is dependent on their ability and available resources to provide help. The Columbia SC Branch can not give you any legal advice. We can navigate you to assistance.

Name: _____

Address, City & State _____

Phone Number: _____ Cell: _____

Work #: _____ Email Address: _____

Type of Complaint(s): Civic Engagement _____ Environmental and Climate Justice _____ Veteran Issues _____ Health _____ Economic Opportunity _____ Criminal Justice _____ Education _____ Media Diversity _____ Legal _____

Date(s) of Incident(s): _____

Place of Incident(s): _____

Name of Person(s) who committed the discriminatory act(s):

Names of Witnesses to Incident(s):

Please describe the incident(s) in detail. List pertinent facts and cite specific details relating to your complaint of discrimination, i.e., what act of discrimination occurred? Be as specific as possible:

(additional pages may be added if needed)

PRINT _____



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Are you currently being represented by an Attorney? **Yes** _____ **No** _____

Attorney's Name: _____

What help are you seeking from the NAACP?

Signature: _____

Date: _____ 20____

NAACP Member: **Yes**___ **No**___ Are you interested in becoming a member? Yes___ No___

If yes, see the enclosed membership form.