

**NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
COATESVILLE AREA NAACP, UNIT #2257**

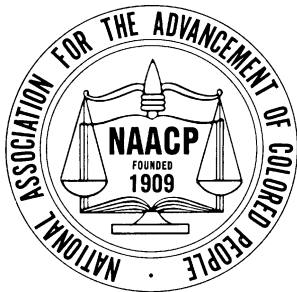
COMPLAINT FORM

Thank you for seeking the assistance of the Coatesville Area NAACP,

In order provide the best possible service to our community, the Coatesville Area NAACP has established the procedures below to address all complaints that we receive.

1. The attached complaint form must be completed and returned to the NAACP, Coatesville Area Branch, or your complaint will not be accepted for processing.
2. All complaints and supporting documents shall be received in writing by the NAACP.
3. Any additional information you may have which will help explain your case should be attached to the complaint form.
4. The review committee may:
 - a. Request additional information before the complaint can be processed.
 - b. Determine that your complaint falls within the NAACP perview (the NAACP will normally become involved in disputes that result from racial discrimination and impact a large number of complaints).
 - c. Recommend that you seek the advice of an attorney.
 - d. Refer your complaint to the appropriate committee, agency, government or law enforcement entity.

ATTENTION: Acceptance of a complaint for processing by an NAACP unit does not indicate that the NAACP is offering, or providing, any legal advice or service related to the complaint. You should seek the advice of an attorney, to ensure that you are not forfeiting any of your legal rights, while a complaint is being processed.



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COMPLAINT FORM

Complaint # _____ (to be given by NAACP) Date _____

This complaint must be notarized and submitted to the Coatesville NAACP

Type of Complaint

___ Employment ___ Housing ___ School ___ Intimidation ___ Other

N.A.A.C.P. Membership ___ Yes ___ Will Join ___ Will not Join

Please Complete in Legible (Easy-to-read) Handwriting or Type:

Name: (Mr. Mrs. Ms. Other): _____

Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Race/Ethnicity: _____ Gender: _____

Check "Yes" if you are 18 years or older: ___ Yes

Name of the Organization against which you have complaint:

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation/Job: _____ Length of Employment: _____

Telephone: _____

Discrimination Charges: *Check all that apply*

___ Racial/Ethnic ___ Sexual ___ Age ___ Other

Warnings:

___ Verbal ___ Written ___ Suspension(s) ___ Number

___ with pay OR ___ without pay

Status:

___ Applicant ___ Slurred ___ Laid Off ___ HRC ___ Passed Over

___ Harassed ___ EEOC ___ Grievance Filed ___ Negative File ___ Fired

___ Unempl. Comp. ___ Union Member

Local# _____

Coatesville Area NAACP

Complaint # _____

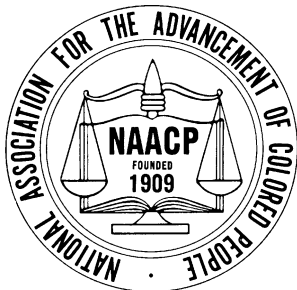
Date: _____

You may describe the nature of your complaint in the space below. In your answer, please note specifics (times, places, witnesses, actions taken). Also, please feel free to use duplicates of this sheet until you have completed your complaint. Attach sheets if necessary.

Signature _____

(please sign and date each sheet of your complaint)

Date _____



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Notary Page

Name: _____

Complaint #: _____ (to be completed by N.A.A.C.P.)

Type of Complaint: _____ Date: _____

Subscribed and sworn before me _____, this day of _____ 2_____

Affix seal here

Notary Public

Complainant

Note to Complainant. You must attend a fact finding meeting held at location designated by Coatesville NAACP. Your complaint must be notarized and returned to NAACP Office/Mail prior to monthly meeting, which is held the first Mondays of each calendar month, 6 PM, at 1 City Hall, Coatesville, PA 19320.

Resources of School Districts' Policies for Education Complaints:

See Link on NAACP website, "School Districts": www.coatesvillenaacp.org

Pennsylvania Human Relations Commission: <http://www.phrc.state.pa.us/>

Other Options for Labor and Industry Complaints:

Pennsylvania Human Relations Commission: <http://www.phrc.state.pa.us/>

Equal Employment Opportunity Commission:

Chester County Bar Association—Lawyer Referral Service

Options for Housing Complaints:

HUD: www.hud.gov/offices/fheo 888-799-2085

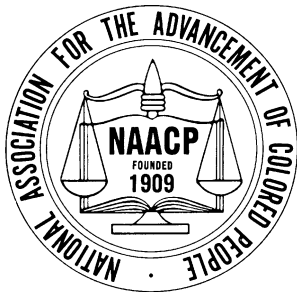
Chester County Community Development... <http://dsf.chesco.org/ccdcd/cwp/view.asp?a=3&q=610333>

OR contact this agency at 610-344-6900

Chester: Housing Partnership of Chester County..... 610-518-1522

Chesco/Delco/Montco/Bucks: Community Impact Legal Services. (610) 436-9150 /800-967-9150

PA: PA Law Help – www.palawhelp.org/pa



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COMPLAINT FORM

Complaint # _____

Date: _____

Authorization for Release of Information

Name: _____

Address: _____

City, State, Zip Code: _____

I hereby authorize and request disclosure to the Coatesville Area Branch of the N.A.A.C.P. any information that may be discussed or shared with me, related to this matter.

I also authorize the following representatives of the Coatesville Area Branch of the N.A.A.C.P. to represent me in this matter.

Signature

Date

Witness

Date