



NAACP, Fairfax County Branch

P.O. Box 6370 • Alexandria, VA 22306

(703) 591-4488 • fairfaxnaacp@gmail.com

www.fairfaxnaacp.org

Complaint of Discrimination Form

Based on race, color, religion, national origin, sex, age, and handicapped status.

Completing this form does not constitute filing an official complaint with a legal authority.

Your complaint does not create an attorney client relationship. Submission of a complaint does not mean that the NAACP has accepted your case, and you should consult an attorney regarding your case, as soon as possible. There are certain filing deadlines that must be adhered to in order to file a case in court. Know that your complaint is important to us and we will evaluate your complaint in our continuing effort to ensure the political, social, and economic equality of all citizens, in accordance with the NAACP's mission.

The initial complaint package should include the Compliant Form with a maximum of three additional pages. All submissions must focus on the discrimination incident. Please state why you felt you were discriminated against. Keep in mind that one incident does not necessarily translate into an act of discrimination. **Following these simple guidelines will expedite the processing of your complaint.**

YOUR NAME.....PHONE NUMBER.....

STREET ADDRESS.....

CITY.....STATE.....

ZIP CODE.....

WAS THE DISCRIMINATION BECAUSE OF:
(Please circle those that apply): RACE/COLOR RELIGION NATIONAL ORIGIN SEX AGE
HANDICAPPED STATUS

OTHER.....
.....

WHO DISCRIMINATED AGAINST YOU? GIVE NAME AND ADDRESS OF EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, ETC. (List all)

NAME.....

STREET ADDRESS.....

.....

CITY.....STATE.....

ZIP CODE.....

AND (Other parties, if any)

.....

.....

HAVE YOU FILED A COMPLAINT WITH A GOVERNMENTAL AGENCY? IF YES, WHICH ONE(S)?

.....

.....

IS THE COMPLAINT EMPLOYMENT RELATED? YES NO IF YES: HAVE YOU CONTACTED YOUR HR/PERSONNEL OFFICE TO FILE A COMPLAINT? YES NO

HAVE YOU FOLLOWED COMPANY POLICY PERTAINING TO FILING A GRIEVANCE?

YES NO

HAVE YOU FILED A COMPLAINT WITH YOUR UNION? YES NO

IF YES, WHAT IS THE NAME/PHONE OF YOUR UNION REPRESENTATIVE.....

.....

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE? YES NO

IF YES, PLEASE PROVIDE:

ATTORNEY'S NAME.....PHONE.....

STREET ADDRESS.....

CITY.....STATE.....

ZIP CODE.....

THE ACTUAL DATE/MOST RECENT DATE ON WHICH THE DISCRIMINATION OCCURRED:
MONTH.....DAY.....YEAR.....

EXPLAIN HOW YOU WERE DISCRIMINATED AGAINST: (Attach another sheet of paper if you
need more space. You must sign/date all pages accompanying this form.)

.....
.....
.....
.....
.....
.....

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST
OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DO NOT SEND ORIGINAL DOCUMENTS OF ANY TYPE. WE WILL ONLY ACCEPT COPIES.
(Please print or type all information. You must sign and date all pages accompanying this form.)

PRINTED NAME.....

SIGNATURE.....

DATE.....



NAACP, Fairfax County Branch

P.O. Box 6370 • Alexandria, VA 22306

(703) 591-4488 • fairfaxnaacpunit66@gmail.com

www.fairfaxnaacp.org

NAACP RELEASE AND DISCLAIMER FORM

I,.....,reside at.....

By placing my initials to the right of each numbered item below, I affirm that I understand it and agree with it.

___ 1. I have submitted to the NAACP, Fairfax County Branch (NAACP) a Complaint of Discrimination directed against.....(Respondent).

___ 2. I understand that the NAACP is a private, nonprofit, volunteer organization. It is not a government agency. Filing a complaint with the NAACP is not the same as filing a complaint with an administrative agency or filing a suit in a court of law. Whatever rights I have to file a complaint with an administrative agency or to file a civil lawsuit are completely unaffected by whether or not I have filed this complaint with the NAACP.

___ 3. The deadline by which I must file my complaint or lawsuit with state or federal agencies is usually **45 days** from the date of the last act of alleged discrimination. If I do not file my complaint or lawsuit with those agencies that time, I may have no right to a recovery from any harm from the Respondent.

___ 4. I have authorized the NAACP to investigate my complaint; (2) to attempt to mediate my complaint with Respondent in order to explore the possibility of settlement; and (3) if there is no settlement to provide me at least three referrals of lawyers who may consider representing me in litigation against Respondent.

___ 5. I understand that the NAACP in no way guarantees the competency, professionalism, or fitness of the lawyers whose names they provided.

___ 6. I will provide the NAACP copies (NOT ORIGINALS) of whatever documents I have to support the complaint. If requested in writing that some of the material be held in confidence, the NAACP will hold it in confidence; otherwise the NAACP may share it with the Respondent or with state or federal anti-discrimination agencies.

___ 7. If the NAACP mediates my complaint with the Respondent, I will refrain from filing my complaint with a state or federal anti-discrimination agency, or filing a lawsuit while the mediation is in progress. However, I am free at any time, after notifying the NAACP of my intentions, to terminate the mediation and file my complaint with a state or federal anti-discrimination agency or file a lawsuit. If the mediation is nonbinding, I am not required to accept a settlement with Respondent.

___ 8. NAACP will receive no funds from mediation or settlement; persons conducting settlement and negotiation are not lawyers and are not providing legal services.

___ 9. I agree that if I accept a settlement with Respondent, I will be required to sign Release of Claims against a Respondent, and I will honor the terms of such a Release and Claim.

___ 10. I understand that if the NAACP refers me to a private attorney, I am not required to retain that attorney and the attorney is not required to offer legal representation to me. I understand that such representation that might be offered to me need not be without charge, but may be on whatsoever terms we agree on. I understand that the attorney does not represent the NAACP, nor is employed by or paid for by the NAACP.

___ 11. I understand that the NAACP **is not a law firm and cannot provide me with legal advice or legal representation.** Although some of its members and volunteers are lawyers, they represent the NAACP and not me personally.

___ 12. I release and hold harmless the NAACP, its officers, directors, employees, agents, personal actions and actions, cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, specialties, covenants, contracts, covenants, controversies, agreements, promises, variances, damages, trespasses, judgments, executions, claims, and demands whomsoever, in law, in equity, which I ever had or may have in the future, or which any of my personal representatives, successors, heirs or assigns hereafter can, shall, or may have against the NAACP, upon or by reason of the NAACP, upon or by reason of the NAACP's handling of my Complaint of Discrimination.

Dated:.....Agreed:.....