



NAACP

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

Champaign County Branch (CCNAACP)

COMPLAINT FORM

Thank you for bringing to our attention concerns about a possible violation of your civil rights. Your willingness to speak out helps us to ensure that the civil rights of all citizens are protected. *It is the primary objective of the NAACP to ensure the political, educational, social and economic equality of minority group citizens of the United States and eliminate race prejudice. The NAACP seeks to remove all barriers of racial discrimination through the democratic process.*¹

In order for the NAACP Champaign County Branch to start investigating your civil rights complaint, please complete this form, and return it to:

NAACP Champaign County Branch
P.O. Box 403
Champaign, IL 61824
ATTN: Legal Redress Committee

or

Visit our website at: www.naacppcc.org for additional options.

PLEASE NOTE:

- Thorough completion of this form and your full cooperation as it pertains to our request for any subsequent information or documentation will help to expedite the handling of your complaint.
- The sheer volume of complaints received prevents the CCNAACP from pursuing every matter. Our ability to assist is directly related to membership support. We do not receive financial support from the government.
- The CCNAACP may need to refer you to other agencies, organizations, and/or professionals for further assistance.
- The CCNAACP cannot help you with your civil rights complaint until this form has been completed and returned.



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CCNAACP COMPLAINT FORM

(Please PRINT or TYPE)

NAME: _____
(First, Middle, Last)

ADDRESS: _____
(Number Street Apt. No.)

(City, State, Zip Code)

CONTACT NO: _____
(Area Code/Day Phone) (Email Address)

ETHNICITY/RACE: _____ SEX _____ AGE _____ DOB ____/____/____

NAACP MEMBER: YES ___ (Regular ___ Life ___ Silver ___ Gold ___ Diamond ___)

PAST MEMBER _____ YES _____ NO

BRANCH NAME _____ EXP. DATE (if applicable) _____

(Please note that you do not have to be a member to make a complaint)



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RESPONDENT (party you are filing against):

Name: _____

Company (if applicable): _____

Address: _____

Telephone Number: (XXX) 000-0000

Give a brief description of why you are seeking assistance: (Please feel free to attach an additional sheet if necessary).

Which of your Civil Rights do you believe has been violated?

What is your desired outcome?

I hereby agree to allow the CCNAACP to start an investigation regarding the above complaint.

Your Name (Complainant) Printed

Signature

Date



NAACP

RELEASE

To:

I have asked the NAACP to investigate allegations of discrimination against:

Please release to the NAACP, and its named representative, a copy of any and all documents in your possession regarding my :

Thank you.

Signed: _____
(Claimant)

Date: _____

Witnessed by: _____
(Notary Public)

Date: _____