

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE

NAACP

Johnson County Branch 4038
(JCNAACP#4038)
9948 W. 87th St., Ste A-1, 2nd Fl.
Overland Park , Ks. 66212

nejcnaacp@sbcglobal.net

www.jcnaacp.org

COMPLAINT FORM

Name of person making complaint:

(First) (MI)
(Last)

Phone (work): () _____ (home): () _____

(Cell): () _____ E-mail address _____

Address _____

(Street) (City /
State)

Nature of complaint:

Business/Company and, or Individual (s) responsible for and/or aware of alleged violation.

Date of incident initiation _____

Location of incident _____

Names of Witnesses

Do you have a Attorney_____ Have you filed a Lawsuit_____

Have you reported this incident to any other agency_____, if so who

Please describe your incident.

If additional pages are needed please attached to this document.

Have you recorded or saved any evidence? Yes/ No

If so, please list:

(Documentary evidence may be attached to this complaint form. However, please do not include any originals.)

Our mission of the National Association for the Advancement of Colored People is to ensure the political, educational, social, and economic equality of the rights of all persons and to eliminate racial hatred and discrimination. **We are not attorneys.**

I fully understand the limitations outlined above. _____ (initial)

I hereby authorize the NAACP to 1.) Communicate with the people whom I have alleged to have discriminated against me. 2.) Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

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

Signature of complainant:

Date: _____

Please download, complete and mail to: Legal Redress
Johnson County NAACP
P.O. Box 2622
Shawnee Mission, Ks. 66201

