



Clearwater/Upper Pinellas County Branch

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COMPLAINT OF DISCRIMINATION FORM

(Based on race color, religion, national origin, sex, age, handicapped status)

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning this complaint.

Mail to: Clearwater/Upper Pinellas County Branch, P. O. Box 2073, Clearwater, FL 33757

(Please Print or Type)

1. Your Name: _____
Street Address: _____
City/State/Zip: _____
Home phone: _____ Email: _____ Alternate phone: _____

2. WAS THE DISCRIMINATION BEAUSE OF: (please check those that apply)
 race or color religion national origin
 sex handicap other

Explain: _____

3. Who discriminated against you? Give name and address of employer school, organization, employment agency, licensing agency, etc.
Name: _____ - Address: _____
City/State/Zip: _____ Phone: _____

(Please list other parties) _____

4. Have you filed a complaint with any government agency/agencies? Which ones? .

5. Have you filed any grievance with your union or agency? Yes:___ No:___ Name of local and representative:

6. Have you retained an attorney regarding this case? Yes: ___ No: ___

Attorney Name: _____

Address: _____ Phone: _____

7. The most recent date on which this discrimination occurred: _____

On separate paper, explain the details of the discrimination. If you provide documents, **make sure they are copies, not originals**. Please note how many documents are enclosed: _____

Our mission is to address discrimination in all its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys. If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six months.

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: _____

The **NAACP** uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance.

___ **Please send a membership form.**

Membership forms can also be accessed from our website, <http://www.naacpclearwater.org>