

**EDUCATION DISCRIMINATION COMPLAINT**

**Randallstown NAACP #7032**

**COMPLETING THIS FORM DOES NOT CONSTITUTE FILING AN OFFICIAL COMPLAINT WITH A LEGAL AUTHORITY. THE PURPOSE OF THIS FORM IS ONLY TO OBTAIN INFORMATION IN ORDER TO PROVIDE ASSISTANCE TO COMPLAINANTS. READ THE ENTIRE FORM BEFORE COMPLETING.**

MAIL COMPLETED FORM TO: **Randallstown NAACP**  
**P.O. Box 731**  
**Randallstown, MD 21133**

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**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

NATURE OF COMPLAINT (Please GIVE A SHORT DESCRIPTION.)

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**DISCRIMINATION SOURCE** (You may list additional names on a separate sheet of paper.):

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**DATE OR DATES ON WHICH THIS DISCRIMINATION OCCURRED:** \_\_\_\_\_

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**HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENT AGENCY(S)?** YES \_\_\_ NO \_\_\_

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**COMPLAINT OF DISCRIMINATION IN EDUCATION  
NAACP UNIT: MARYLAND STATE CONFERENCE NAACP**

HAVE YOU FILED A COMPLAINT WITH SCHOOL OR DISTRICT OFFICIAL? YES \_\_\_ No \_\_\_

NAME OF OFFICIAL: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE FILED: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

HAVE YOU RETAINED AN ATTORNEY REGARDING THIS CASE? YES \_\_\_ NO \_\_\_

NAME OF ATTORNEY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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**COMPLETE THE FOLLOWING SECTION BY PROVIDING FULL DETAILS AND OTHER INFORMATION RELATED TO THE COMPLAINT. YOU MAY USE ADDITIONAL SHEETS OF PAPER FOR YOUR RESPONSE. ALSO, PROVIDE ANY DOCUMENTS, PHOTOS, ETC. THAT WILL SUPPORT YOUR CLAIM. FINALLY, SIGN THE COMPLAINT.**

1. EXPLAIN WHAT YOU BELIEVE TO BE THE DISCIMINATION ACT?

2. HOW DID THE SCHOOL OR OFFICE ACTION OR INACTION INTERFERE WITH STUDENT'S OR CHILD'S EDUCATION?

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

SIGNATURE OF COMPLAINANT \_\_\_\_\_ DATE \_\_\_\_\_

IF COMPLAINT CONCERNS CHILD, INDICATE RELATIONSHIP TO CHILD: \_\_\_\_\_