



Randallstown

**Randallstown NAACP
P.O. Box 731
Randallstown, MD 21133**

HOW TO COMPLETE AND FILE DISCRIMINATION COMPLAINT FORM.

Answer all questions and be as specific as possible. Use an extra sheet of paper if you need more space to include all the necessary details regarding your complaint.

1. Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.
2. Check the box(s) that indicate what you believe the discrimination is based on. If you check other, please explain.
3. Give the name and address of the agency or organization against which you are filing the complaint. Give the day, month, and year of the most recent date that the discrimination took place or the span of dates over time. In some instances, the discrimination may be ongoing.
4. If you have filed this complaint with a governmental agency(s) check yes and provide the name of the agency(s). List the date on which you filed that complaint.
5. If you have filed consulted an attorney, check yes and provide required information.
6. Explain the reasons for the discrimination complaint. Provide as much detail as you can. If necessary, you may complete this information on a separate sheet of paper.
7. Sign your name and mail the completed forms to the Randallstown NAACP at the above address.

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COMPLAINT OF DISCRIMINATION

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

_____ Date

Your Name (Last, first, middle initial)

Street address

City, State, Zip Code

Primary phone number | Other phone number

Email address

DISCRIMINATION CLAIM BASED ON: (Check those that apply.)

- | | | | |
|--|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Other |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender | <input type="checkbox"/> Disability | |

AGENCY OR ORGNIZATION EXHIBITING DISCRIMINATION

Name: _____

Date(s) of discrimination

Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you filed a complaint with any governmental agency(s)? If yes, which?

- Yes
 No

Date of filing:

Have you retained an attorney regarding this matter? If yes, enter information.

- Yes
 No

Attorney's Name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Explain the discrimination complaint: (Be as specific as possible. May use another sheet of paper.)

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

Complainant Signature: _____

Date: _____