



NAACP Fort Wayne/Allen County (IN) Branch#3049

Larry D. Gist, President
Legal Redress Committee

CONFIDENTIAL COMPLAINT FORM

(260)421-2836

3049fwanaacp@gmail.com

DISCLAIMERS

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Fort Wayne Indiana, branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Fort Wayne Indiana, branch and the complainant.

CONTACT INFORMATION

1. Name:

2. Address:

3. Phone Number:

4. Email Address:

BACKGROUND INFORMATION

5. Are you a member of the NAACP? Yes No

5a. If so, membership number: _____

6. Are you currently represented by an attorney in this matter? Yes No

6a. Has an attorney ever represented you in this matter? Yes No

6b. If so, attorney's name: _____

6c. If so, attorney's phone number: _____

6d. May we contact your attorney? Yes No

7. Have you filed a complaint with any government agency?
(Many filings are subject to strict time limitations.) Yes No

7a. If so, agency name: _____ Contact person (if any): _____ Date: _____

EEOC _____

Labor Union _____

HUD _____

Metro Human Relations Comm. _____

Police Department _____

Office of Police Complaints _____

U.S. Attorney's Office _____

Indiana Civil Rights Commission _____

City Service Request _____

Other: _____

8. Have you contacted any other nonprofit organization about your complaint? Yes No

8a. If so, organization name: _____ Date: _____

COMPLAINT

9. Did the discrimination complained of occur in Fort Wayne Indiana? Yes No

9a. If no, where? _____

10. What was the basis of the discrimination you experienced? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender identity or expression |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Source of income |
| <input type="checkbox"/> Age | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> Handicap | <input type="checkbox"/> Matriculation (student status) |
| <input type="checkbox"/> Marital status | <input type="checkbox"/> Personal appearance |
| <input type="checkbox"/> Familial status | <input type="checkbox"/> Political affiliation |

Other: _____

11. On what date(s) did this occur: _____

12. Who discriminated against you? _____

12a. what is your relationship?
(e.g., employee, tenant, customer) _____

12b. Address: _____

12c. Phone number: _____

12d. Email address: _____

12e. May we contact this person or entity? Yes No

14. Were there any witnesses to these events? Yes No

14a. If so, name:	Telephone number:	May we contact him/her?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Have you recorded or saved any evidence? Yes No

15a. If so, please list: _____

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

I do hereby authorize representatives from the NAACP Legal Redress Committee to investigate and obtain information regarding this complaint on my behalf

Yes No

I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

Please mail by regular mail or email completed form to:

**NAACP
PO BOX 10956
Fort Wayne, IN 46854
Attn: Legal Redress Committee
Email: 3049fwanaacp@gmail.com**