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*The Mission of the National Association for the Advancement of Colored People is to ensure the political educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination.*

### Discrimination Complaint Form

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 your complaint. We only address incidents that occurred in the Commonwealth of Virginia.

**Print Legibly**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State Virginia Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**Indicate nature of the discrimination (circle appropriate ones) and include date of incident**

- Education: (Suspension, Racial Incident, Competency Exam, Other)
- Employment: (Hiring, Promotion, Job assignment, Training, Termination, Other)
- Public Accommodations/Service: (Store, Hotel, Other)
- Police Action: (Harassment, Brutality, Other)
- Race, National Origin, Gender, Religion, Physical Disability, Age, Political Affiliation, Sexual Harassment, Personal Injury, Housing or Other

Include other pertinent information and attach any supporting documents. Use additional sheets as necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What have you done to resolve this complaint?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has this complaint been filed with any other Federal, State or Civil Rights agency or Court? Yes \_\_\_ No \_\_\_**

If "yes"

Agency or Court \_\_\_\_\_ Date Filed \_\_\_\_\_

Contact Person (Name) \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

**Do you intend to file with another agency or court?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes"

Agency or Court \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ When do you expect to file? \_\_\_\_\_

**Have you (or the person discriminated against) filed any other complaints with this office?** Yes \_\_\_ No \_\_\_\_\_

If "yes" Give date of complaint(s) and brief description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What was the result?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information I have provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Note:** The filing of this complaint does not obligate the NAACP in any matter. It is your responsibility to pursue your complaint in the appropriate manner.

Also, filing a complaint with the Hanover County NAACP does not prevent you from filing with the EEOC or other Federal agencies or Courts.

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