



# Complaint of Discrimination

Lexington-Fayette Unit NAACP – P.O. Box 13655 Lexington, KY 40508

Kentucky State Conference NAACP - P.O. Box 161173 - Louisville, KY 40256 - 502.776.7608

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.

Name: \_\_\_\_\_ Member/Unit# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

•Was discrimination because of?

- Race or Color                       Religion                       National Origin                       Sex
- Age                       Handicapped Status                       Other \_\_\_\_\_

•The actual date or the most recent date on which this discrimination occurred:

Time: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

•Who discriminated against you? Give name and address of the discriminating party.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Parties: \_\_\_\_\_

•Have you filed a complaint with any governmental agencies?     Yes     No

If YES, which ones? \_\_\_\_\_

•Have you filed an internal grievance with the discriminating party?     Yes     No

•Have you retained an attorney regarding this case?     Yes     No

If YES, name, phone and address of attorney: \_\_\_\_\_

\_\_\_\_\_

•Describe in detail the discrimination you experienced: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach another piece of paper if you need more space)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Lexington-Fayette Unit NAACP – P.O. Box 13655 Lexington, KY 40508 or sign and scan to jojuana1922@yahoo.com