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Media Area Branch: Unit 2272 | PO Box 1973 | Media, PA | 19063-8973

Please complete the attached Civil Rights & Discrimination Complaint form to assist the Branch's Legal Redress and/or Executive Committee(s) in determining whether the NAACP Media Area Branch may be able to assist you with your complaint. You are encouraged to provide copies of all supporting documentation that pertains to your complaint.

Completion of this form does not constitute filing 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 Media Area Branch and the complainant. Our committee members are volunteers, often without legal backgrounds or experience.

We will investigate all complaints of discrimination that took place within our jurisdiction and can provide non-legal support to complainants (resources, guidance, help writing emails or letters, attendance at meetings, etc.).

Thank you for contacting the NAACP, Media Area Branch. Your activism and support is greatly appreciated.

Respectfully,

Cynthia Jetter, President
Media Area Branch NAACP



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NAACP Media Area Branch Civil & Human Rights Complaint Form

Date of Report

COMPLAINANT CONTACT INFORMATION

Title		First Name		Last Name	
Address					
City		State		County	
Phone Number		Type:	Email		Preferred Method of Contact
		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work			<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text

COMPLAINT INFORMATION

Please check the type of complaint that you are making below with an [X] .		Please select the agency, organization and/or person of which you are filling the complaint against below with an [X] .	
<input type="checkbox"/>	Retaliation	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	School District
<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Housing	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Civil Rights Violation/Hate Crime	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Retaliation	<input type="checkbox"/>	Other (Please specify) _____
<input type="checkbox"/>	Other (Please specify) _____	<input type="checkbox"/>	



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EMPLOYER COMPLAINT INFORMATION

Have you filed a complaint with the Equal Employment Opportunity Commission or local employment regulatory agency?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have a "Right to Sue" letter issued by the Equal Employment Opportunity Commission or local employment regulatory agency?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Employer (Former Employer) Name					
Address					
City		State		Zip Code	
Telephone	() - Ext.	Email			
Has a grievance been filed through your union?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Union Name				Local Number	
Business Agent/Steward					
Address					
City		State		Zip Code	
Telephone	() - Ext.	Email			

HOUSING COMPLAINT INFORMATION

Have you filed a complaint with the Office of Fair Housing and Equal Opportunity (FHEO) or other local housing regulatory agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Other:
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LEGAL REPRESENTATION INFORMATION

Do you currently have an attorney working on your behalf?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Attorney Name	
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Address	
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City		State		Zip Code	
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Telephone	() - Ext.	Email	
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Has a lawsuit been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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If yes, when filed?		Case Number	
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What City filed?		What Court filed?	
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DESCRIPTION OF INCIDENT

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DESCRIPTION OF INCIDENT - CONTINUED

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Location of Incident

Do you have any scheduled hearings/meetings/appearances related to your complaint? If so, please tell us what and when.

Are there any witnesses or people we should talk with regarding your complaint? If so, please provide their names and contact information.

What do you hope the Media Area Branch NAACP can do for you regarding this matter?



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RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the NAACP Media Area Branch in seeking a remedy to the situation described above. I hereby authorize the officers of the NAACP Media Area Branch to have access to information and documents, which are relevant to my claim of discrimination described above. I understand that once a referral has been made to a volunteer, community agency or private attorney, the NAACP Media Area Branch WILL NOT BE RESPONSIBLE for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the NAACP Media Area Branch harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature		Print FULL Name		Date	
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NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

IMPORTANT NOTICE

Please be advised that filing a discrimination complaint with the NAACP does not mean that the NAACP will be representing you in any legal matter. If you believe you have a discrimination claim, you must file a claim with the appropriate State or Federal agency in a timely manner. Failure to do so may prevent you from pursuing a claim in a court of law.

COMPLETION OF THIS FORM

Completing this form does NOT constitute filing an official complaint with a legal authority. Currently the NAACP Media Area Branch is ONLY seeking information to assist you concerning this complaint. Please mail this information and copies of substantiating documents in an envelope marked "CONFIDENTIAL" to: Media Area Branch: Unit 2272, PO Box 1973, Media, PA, 19063-8973. You can also email the information and documents to Stefmcesq@yahoo.com and cc: cynthiajetter59@gmail.com, aevans-pigford@gmail.com and dinanaacpsecmediaunit@gmail.com.



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MEDIA AREA BRANCH: INTERNAL USE ONLY

Date Complaint Received		Complaint Recipient Name	
Complaint Log Date		Sent Receipt Email/Letter	<input type="checkbox"/> Yes Date sent: _____ <input type="checkbox"/> No
Complaint Review Date		Complaint Review Status	<input type="checkbox"/> No NAACP Action <input type="checkbox"/> NAACP Action <input type="checkbox"/> Addt'l Info Requested <input type="checkbox"/> Referred to: _____