

NAACP

Metropolitan Kalamazoo Branch

1 of 5

NAACP ACTION / HANDLING / DEPOSITION FORM / COMPLAINT FORM

Please read and complete all pages of this complaint form carefully.

Please NOTE: If your complaint alleges employment discrimination, it is extremely important that you write down:

- The name and address of the business
- The date, place, and time of each incident
- The person(s) involved and witnesses (if any)

Remember, thoroughly complete forms will help expedite the handling of your complaint. Please remember to sign this document in the appropriate area.

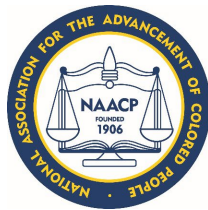
If you have an urgent civil rights complaint, you may wish to contact:

- Michigan Department of Civil Rights-Grand Rapids (616-356-0380)
- Equal Employment Opportunity Commission-Detroit (EEOC) (313-774-0020)
- The American Civil Liberties Union-Southwestern Branch (ACLU) (313-578-6800)
- For Legal Consultation, you may wish to contact:
 - The Wolverine Bar Association (313-962-0250) or
 - State of Michigan Lawyer Referral Services (800-968-0738)

NOTE: The NAACP is not funded by government or public funds. The Officers and executive committee members are all volunteers. Membership is the "Life Blood of the NAACP", and we rely solely upon the support of members to protect the civil rights of all citizens. We ask you to join the NAACP today. A basic membership for adults starts at only \$30.00 per year.

The Metropolitan Kalamazoo Branch is only able to provide services to assist victims of discrimination because many people support the NAACP through memberships. We do not receive government support or corporate funding to process civil rights complaints.

Please make sure that your NAACP membership is current so that we may continue to provide to do this work. Thank you for your support!



NAACP

Metropolitan Kalamazoo Branch

INDIVIDUAL COMPLAINT PROCEDURES MEMORANDUM OF UNDERSTANDING

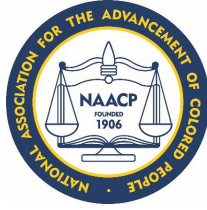
The Metropolitan Kalamazoo Branch NAACP provides the following:

1. The NAACP does not provide services for cases determined not to be discrimination by race.
2. The NAACP provides an opportunity for you to formally file a complaint.
3. The NAACP provides an initial review to determine merit of complaint.
4. The NAACP may provide official inquiry via letter(s), phone call(s), site visit(s), and referral(s).
5. The NAACP provides information about attorney referral services: We do NOT recommend attorneys.
6. The NAACP may provide expert testimony via attorney secured by client.
7. The NAACP is not an enforcement agency and therefore often refers complaint cases to Michigan Department of Civil Rights, Human Rights Department, Equal Employment Opportunity Commission, etc.
8. The NAACP provides forums to inform the public of racial discrimination.
9. The NAACP may provide a written report following a fact-finding official inquiry with the recommendation to eliminate discrimination.
10. The NAACP may provide consultation to educate persons as to their constitutional rights.
11. The NAACP does provide case review and follow-up on cases that have been designed for the NAACP follow through action.
12. The NAACP reserves the right to investigate and act on cases based on our determination.

The Metropolitan Kalamazoo Branch NAACP does not provide the following:

1. The NAACP does not provide services for cases determined not to be to discrimination by race.
2. The NAACP does not provide legal representation for individual cases.
3. The NAACP does not provide endorsement, recommendation, or specific names of attorneys. We do, however, provide the names of attorney referral agencies.
4. The NAACP does not provide financial assistance for attorney services.

Please retain your original documents. The Metropolitan Kalamazoo Branch NAACP is not responsible for lost documents. Any information submitted to the NAACP becomes the property of the Metropolitan Kalamazoo Branch NAACP.



NAACP

Metropolitan Kalamazoo Branch

PLEASE PRINT OR TYPE:

Today's Date: _____

Mr. / Ms. / Mrs. / Dr.

First _____ Middle _____ Last _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone # (_____) _____ - _____ Cell # (_____) _____ - _____

Ethnicity/Race _____ Sex _____ Age _____

Are you a member or past member of the NAACP? YES _____ NO _____

If YES, identify the chapter _____

and membership expiration date _____

Name and Address of Respondent: (Party you are filing against)

Name: _____

Company (if applicable): _____

Main Contact Name: _____ Title: _____

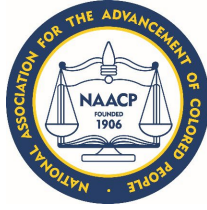
Street Address _____ Apt # _____

City _____ State _____ Zip _____

Email _____

Phone #: (_____) _____ - _____ (day)

Phone #: (_____) _____ - _____ (evening)



NAACP

Metropolitan Kalamazoo Branch

Cause of discrimination or civil complaint. (Check appropriate area(s))

- Race
- National Origin
- Sex
- Age
- Color
- Disability
- Other (***please specify***) _____

Please check (1) or more of the agencies below that you have contacted prior to your visit today.

- EEOC
- ACLU
- HUD
- Michigan Department of Civil Rights
- National Labor Relations Board
- Law Enforcement Agency (identify)
- Other (identify)

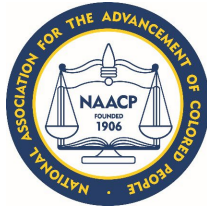
Have you made any attempts to discuss this problem with the respondent?

YES NO

If YES, who did you contact concerning your problem? _____

When? _____

Why do you believe what happened to you was based on (race/disability/sex, etc.)?



NAACP

Metropolitan Kalamazoo Branch

Are you aware of any person(s) of any other race who may have experienced similar discrimination? If yes, please provide their name, phone number and email.

Are you aware of the organization's processes or procedures required to file an internal complaint? ____ Yes ____ No

Have you followed such a process? ____ Yes ____ No

Please submit any written materials, dates, or other documents which you think are important to your complaint. Please keep your original documents.

Does the organization you have identified have more than 15 employees?

____ Yes ____ No

Explanation of complaint in detail: with date(s) and place(s) of the incident. Include the name(s) of person(s) involved. Please attach additional sheets, documentation, or corroborating information.

STATEMENT OF COMPLAINT:
