



NAACP COMPLAINT FORM

Mail all complaints to NAACP Maricopa County Branch, P.O Box 20883, Phoenix, AZ 85036
or email to admin@naacpaz.org

Name: _____

Address, City & State: _____

Phone Number: _____ Cell: _____

Email address: _____

NAACP Member: Yes ___ No ___ interested in becoming a member? Yes ___ No ___
(if Yes, see enclosed membership form)

Indicate Type of complaint(s):

Civic Engagement ___ Environmental and Climate Justice ___ Veteran Issues ___ Health ___
Economic Opportunity ___ Criminal Justice ___ Education ___ Media Diversity ___ Legal ___

Date(s) of Incident(s): _____

Place of Incident(s): _____

Name of Person(s) who committed the discriminatory act(s): _____

Names of Witnesses to Incident(s): _____

Please describe the incident(s) in detail. List pertinent facts and cite specific details relating to your complaint of discrimination, i.e., what act of discrimination occurred? Be as specific as possible:

Are you currently being represented by an Attorney? Yes ___ No ___ Give Attorney's name _____

What Help are you seeking from the NAACP? _____

Complainant Signature _____ Date _____

National Association for the
Advancement of Colored People
P.O BOX 20883
Phoenix, Az. 85036
Phone (602)252-4064