



MARICOPA COUNTY BRANCH NAACP #1011 COMPLAINT FORM

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

Please note additional agencies or organizations may receive this complaint form for review purposes. By the NAACP Maricopa County Branch, forwarding this complaint, you acknowledge the possibility that other agencies or organizations may receive the information contained in this complaint form in order to assist you with your concerns. Assistance from the NAACP Maricopa County Branch and other agencies or organizations is dependent on their ability and available resources to provide help.

Name: _____

Address, City & State: _____

Phone Number: _____ Cell: _____

Email Address: _____

NAACP Member: Yes No Are you 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: (additional pages maybe added if needed)

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: _____