



**SAN LUIS OBISPO COUNTY BRANCH NAACP  
LEGAL REDRESS COMPLAINT FORM**

San Luis Obispo County Branch NAACP  
Legal Redress Committee  
110 Mary Avenue, Suite 2215  
Nipomo, California 93444  
Phone #: (805) 619-5354  
[naacpslocty@gmail.com](mailto:naacpslocty@gmail.com)

Please Print or Type

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

Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Street/P. O. Box City State Zip Code

Phone numbers: Residence \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe specifically what happened that caused you to file your complaint. (Use additional sheets of paper if necessary)

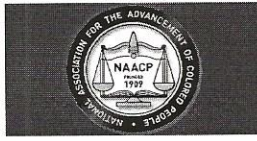
Note: We will not process your application for assistance unless all questions on this form are completed along with a summary of the alleged discrimination or other Civil Rights violations that occurred. Incomplete applications will not be investigated.

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Please note the following definitions \* African American/Black - People having origins in any of the Black racial groups of Africa. Not of Hispanic Origin. \* Native American, American Indian or Alaskan Native - Persons who maintain cultural identification through tribal affiliation or community recognition. \* Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. \* Asian or Pacific Islander - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes for example, China, India, Japan, Korea, the Philippine Islands, or Samoa. \* White - Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Not of Hispanic origin.

Your Race \_\_\_\_\_



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Do you believe that unlawful discrimination or other unlawful act against you occurred as result of: \_\_\_ Race \_\_\_ Gender \_\_\_ Age \_\_\_ Religion \_\_\_ Disability \_\_\_ Veteran's Status  
Other: \_\_\_\_\_

Please describe the circumstances in which you were discriminated against, or the victim of an unlawful act.

By whom were you discriminated against--include name(s), race and gender of each.

Name	Race	Gender

Where did the discrimination take place? Cite location/address for each incident.

Address	City	State	Zip

Were there witnesses to what took place? Witness #1.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

Witness #2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

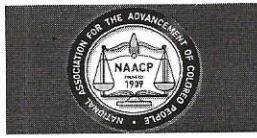
\_\_\_\_\_  
Phone #

Witness #3.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #



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What was the effect or impact of the discriminating behavior on you?

To date, what actions have you taken so far?

Have you filed a complaint with or notified any other organization or individual regarding this matter?    ☐ Yes                      ☐ No

Name of person(s) or organization(s) with whom you have filed your complaint.

Name	Organization	Phone #
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Name	Organization	Phone #
------	--------------	---------

What actions, if any, were taken in response to your complaint or notice of concern?

### Who took these actions?

When were these actions taken?

What would you like the NAACP to do for you regarding this matter?

**Please select all that apply** [Please submit copies with complaint form]

Has a lawsuit been filed? \_\_\_\_\_ or \_\_\_\_\_ If yes, when? \_\_\_\_\_  
Yes No Date

Have you filed a complaint with the EEOC?        or        If yes, when?                       
Yes                      No                      Date

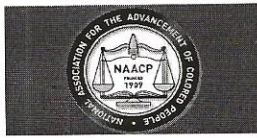
Have you filed a complaint with Fair Employment and Housing?        or         
Yes No

If yes, when? \_\_\_\_\_  
Date

## 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 San Luis Obispo County, California Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the San Luis Obispo County NAACP to have access to any information and documents, hard copy or electronic, that are relevant to my claim of discrimination described above.

I understand that once a referral to a volunteer, community agency or private attorney has been made, the San Luis Obispo County NAACP will not be responsible for handling this



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matter. By signing this document, I agree to hold the San Luis Obispo County NAACP harmless for any and all damages arising as a result of my case being mishandled or any negligence in any way.

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Print Full Name

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Signature

Date

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 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.

**Completion of this Form**

Completion of this form does not constitute filing an official complaint with a legal authority. Currently, the San Luis Obispo County NAACP is only seeking information to assist you concerning this complaint. Please mail this completed form and copies of supporting documents in an envelope marked CONFIDENTIAL to:

San Luis Obispo County Branch NAACP  
Attn: Legal Redress Committee  
110 Mary Avenue, Suite 2215  
Nipomo, CA 93444