Complaint Form

To our Beloved NAACP SLO County Members,

Our branch is expanding and with growth comes growing pains. We are deeply concerned when anyone in our branch feels unsupported and when interpersonal conflict weakens our momentum and our mission. The Executive Committee recommended the formation of a Conflict Mediation sub-committee. That being said, we have decided to write this letter. There is healing that happens when we feel heard and seen, even without immediate resolution.

Each and every member is valuable and has unique things to offer to the mission of the NAACP. For us to accomplish the goals of the NAACP: "to secure the political, educational, social and economic equality of rights in order to eliminate race-based discrimination and ensure the health and well-being of all persons" we must keep this forefront in our minds and hearts. Although difficult at times, we must put aside our differences and focus on moving forward.

Our unit is doing the work. We share many of the same goals. One is to heal our tendencies to divide and to unlearn our internalized oppression. As we do this, we learn and promote cooperation, collaboration and community.

With this in mind, anyone who has a complaint is invited to fill out this form and arrange a time with at least four members of the executive committee.

Complete and return to:
NAACP San Luis Obispo County Branch
110 S. Mary Avenue, Suite 2215 Nipomo, CA 93444

Name: _____   Date: _____

Address: _____   Email: _____

Phone number: _____

I believe I have a complaint about: (Circle one per form)
Race   National Origin   Religion   Age   Gender   Color
Disability   Other _____

Complaint Form

Date of Occurrence: _____

Describe in your own words what action(s) have happened to lead you to believe you have been treated in a way you are not comfortable with. (Staple extra sheets of paper if more space to write is needed.)

_____

_____

_____

Indicate what resolution you are seeking.

_____

_____

_____

I understand the above information is true and complete to the best of my knowledge and belief.

Complainant's Printed Name _____

Complainant's Signature _____

Date _____