Dr. B. Angeloe Burch, Sr.
President

Pres.durhamnaacp@outlook.com

The purpose of this form is to gather information for the Legal Redress Committee of the DURHAM Branch of the NAACP. Once your form is received and reviewed, you will be contacted by a member of the committee for a follow-up.

Disclaimer: Completing this form does not constitute an official complaint with a legal authority such as filing a lawsuit or complaint with a governmental agency. This form also does not establish an attorney-client relationship, nor any of the legal requirements that come with it.

Name of Complaint Filer: _____

Address: _____ Phone: _____

Email: _____

Has this complaint been in the Court System? Yes ____ No _____

Has this complaint been filed with any company or organization? Yes ____ No ____

Are you the person that has been targeted or discriminated against? Yes ____ No ____

Are you filing this complaint on behalf of someone? Yes _____ No ____
If yes, Do you have legal grounds or guardianship to bring this complaint on another's behalf? Yes ____ No ____
(If yes, please attach all paperwork showing guardianship or legal authorization. If no, then the complaint ends here.)

Is the issue more than 30 Days old? Yes ____ No ____ (If yes, Please end process here)

Are you currently being represented by an attorney? ☐ Yes ☐ No (if "No" please continue to Section III)

Attorney Name: _____

Firm: _____

Firm Address: _____

City: _____ Zip Code: _____

May we contact your attorney? ☐Yes ☐ No

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This complaint is against (select all that apply):

Individual Name: _____ Title: _____

Relationship to individual (i.e. tenant, supervisor): _____

Agency/Entity Name: _____

Agency/ Entity Address: _____

City: _____State: _____ Zip Code: _____

Phone: _____ Email: _____

Permission to contact: ☐ Yes ☐ No

Basis of Discrimination:

Location of occurrence: _____

Time Frame:

☐ Isolated Incident (Date Occurred: _____)

☐ Ongoing Discrimination (Date Began: _____)

☐ Former Time Period (Dates: _____)

Please list any applicable witnesses

Witness Name: _____ Phone: _____

Witness Name: _____ Phone: _____

Witness Name: _____ Phone: _____

NAACP
Durham Branch

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STATEMENT OF DISCRIMINATION

Signature _____ Date _____