

Do you currently have an attorney working in your behalf? () Yes () No () Not sure

If yes, provide information below

Attorney's Name: _____

Attorney's Address: _____

City, State & Zip: _____

Attorney's Telephone #: _____ Fax #: _____

Has a lawsuit been filed? () Yes () No () Not sure

If yes, when filed? _____ In what city? _____ In what court? _____
mm/dd/yyyy

Have you filed an EEOC complaint? () Yes () No () Not sure

If yes, when filed? _____ Case # _____
mm/dd/yyyy

Right to sue letter? () Yes () No () Not sure

Have you filed a Fair Employment & Housing complaint? () Yes () No () Not sure

If yes, when filed? _____ Case # _____
mm/dd/yyyy

Right to sue letter? () Yes () No () Not sure

Please include copies of filed complaints and right to sue letters upon submitting this completed form.

If this is an employment complaint, please complete the following about your employer and/or complainant:

A. Employer (or former employer)

Name: _____

Address: _____
Street City, State Zip

Telephone: () _____ Fax #: () _____

Supervisor's Name: _____ Business Agent/Steward _____

District: _____ () Field () Base () Office

Time: _____ Please check the box that best describes when the incident occurred.

() Before () During () After Shift

Are you currently employed with this employer? () Yes () No



Local Union's Name: _____

Local Union's Address: _____

City, State & Zip: _____

Local Union's Telephone #: _____ Fax #: _____

Has a grievance or complaint been filed? () Yes () No () Not sure

If yes, what is the status of that grievance or complaint? () Closed () In progress () Not sure

Comments:

Description of incident: (please copy form if more pages are needed)

B. For all other complaints please complete the following;

Who Discriminated against you? _____

Location of incident? _____

Description of incident: (please copy form if more pages are needed)

C. Witnesses to the incident:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Occupation: _____

Occupation: _____

D. Describe what happened:

I, _____ do hereby authorize the NAACP Legal Redress Committee to investigate my complaint and to take any steps necessary to resolve it, and I understand that the NAACP is not a legal entity and that the organization has certain limitations as to the scope of their influence and ability.
The Lawton Branch NAACP will make every effort to provide some degree of assistance to its members. If you are not now a member, please request a membership envelop now and join!

Signature Date Witness Date

I am a current member of the NAACP in Good Standing: () Yes () No

Paid Membership: \$ _____ Date _____

Submit completed signed forms to: NAACP, P.O. Box 1134, Lawton, OK 73502 or info@lawtonnaacp.org