



NAACP Hillsborough County Branch

P.O. Box 4266, Tampa FL 33677 813.234.8683 (office) 813 .236.2248(fax)

The Mission of the National Association for the Advancement of Colored People is to ensure the political educational, social and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination.

Discrimination Complaint Form

Completing this form does not constitute filing an official complaint with a legal authority. At this time, the NAACP is only seeking information to assist you concerning your complaint. We only address incidents that occurred in the Hillsborough County.

Print Legibly

Name _____ Phone _____

Street Address _____

City _____ State Florida Zip Code _____

Email _____

Indicate nature of the discrimination (circle appropriate ones) and include date of incident

- Education: (Suspension, Racial Incident, Competency Exam, Other)
- Employment: (Hiring, Promotion, Job assignment, Training, Termination, Other)
- Public Accommodations/Service: (Store, Hotel, Other)
- Police Action: (Harassment, Brutality, Other)
- Race, National Origin, Gender, Religion, Physical Disability, Age, Political Affiliation, Sexual Harassment, Personal Injury, Housing or Other

Include other pertinent information and attach any supporting documents. Use additional sheets as necessary.

What have you done to resolve this complaint?

Has this complaint been filed with any other Federal, State or Civil Rights agency or Court? Yes_ No

If "yes"

Agency or Court _____ Date Filed _____

Contact Person (Name)._____ (Telephone Number)._____

Address - - - - -

City, State and Zip Code _____

Do you intend to file with another agency or court? Yes_ No_

If "yes"

Agency or Court _____

Address._____

Telephone Number _____ When do you expect to file? _____

Have you (or the person discriminated against) filed any other complaints with this office? Yes_ No

If "yes" Give date of complaint(s) and brief description

What was the result?

I affirm that the information I have provided is true to the best of my knowledge and belief.

Signature of Complainant

Date

Note: The filing of this complaint does not obligate the NAACP in any matter. It is your responsibility to pursue your complaint in the appropriate manner.

Also, filing a complaint with the Hillsborough County Branch NAACP does not prevent you from filing with the EEOC or other Federal agencies or Courts.

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