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President Rogers J. Johnson	1 st Vice President James Kaddy	2 nd Vice President C. Freddy Ross	Secretary Frances Elsemore	Treasurer Jody Hoffer Gittel	President Emeritus Fred Ross
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COMPLAINT OF DISCRIMINATION FORMS CASE No. _____

Legal Redress only

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 this complaint. Date _____

Mail or Deliver to: Portsmouth NAACP, PO Box 1261, Portsmouth, NH 03802-1261

(Please Print or Type)

Send email to NAACPNHSEACOAST@aol.com

1. Your Name: _____
 Street Address: _____
 City/State/Zip: _____
 Home phone: _____ Email: _____ Alternate phone: _____

2. WAS THE DISRIMINATION BEAUSE OF: (please check those that apply)
 Race or color Religion national origin
 Sex handicap other
 Explain: _____

3. Who discriminated against you? Give name and address of employer school, organization, employment agency, licensing agency, etc.
 Name: _____ - Address: _____
 City/State/Zip: _____ Phone: _____
 (Please list other parties) _____

4. Have you filed a complaint with any government agency/agencies? Which ones?

5. Have you filed any grievance with your union or agency? Yes: __ No: __ Name of local and representative:

6. Have you retained an attorney regarding this case? Yes: ___ No: ___

Attorney Name: _____

Address: _____ Phone: _____

7. The most recent date on which this discrimination occurred: _____

On separate paper, explain the details of the discrimination. If you provide documents, **make sure they are copies, not originals.** Please note how many documents are enclosed: _____

Our mission is to address discrimination in all of its forms. Our committee has been successful in addressing and mediating situations of discrimination and in providing a conduit between needs and resources. We are not attorneys. If an attorney is requested, the National Office of NAACP recommends that we offer the names of three attorneys. They also recommend that our involvement with a case not exceed 180 days or six months.

I fully understand the limitations outlined above. _____ (initial)

I hereby authorize the NAACP to 1.) Communicate with the people whom I have alleged to have discriminated against me. 2.) Access records in the keeping of my lawyer(s) and the state courts, police or other entities directly concerned with my case, unless I state otherwise.

I AFFIRM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of complainant: _____

Date: _____

The NAACP uses member volunteers in all aspects of its operations. Financial support for its efforts depends primarily on its membership strength. We encourage you to support our efforts by becoming a member at \$30 a year, which includes a monthly subscription to the Crisis magazine. Or, you might want to make a contribution. However, be assured that membership is not required to receive our assistance. You understand that we would naturally provide any support and other services to members first. We will assist in rectifying problems of unfairness whenever and wherever possible and practical.

____ please send a membership form.

Forms can also be accessed from our website, www.seacoastnaacp.com

Do not send original documentation associated with this situation, suggest copies only.