Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are you filing this complaint for someone else? Yes\_\_\_ No\_\_\_ (If yes, please complete the name of the complainant below)

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How would you describe the infraction?

Discrimination based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bullying based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Harassment based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who or what agency or organization do you believe mistreated you (resulting in this infraction). You (or someone else)

Name of PERSON/AGENCY/ORGANIZATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| STREET ADDRESS | CITY |
| STATE | ZIP | PHONE (Please include area code) |

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) unfairly treated? Please be as specific as possible. (Attach additional pages as needed). Include Who, what, dates and times the infractions occurred and where the infractions occurred and who were parties in the occurrence. Name any witnesses.

How would you like to have this issue resolved? Be specific \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you filed your complaint anywhere else? Have you notified anyone in the media or written any letters to newspapers, posted information about this complaint on Facebook or any social media? If so, please describe. (Attach additional pages as needed)

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.

SIGNATURE

DATE *(mm/dd/yyyy)*

Filing a complaint with Garland Branch of the NAACP is voluntary. However, without the information requested above, we may be unable to proceed with your complaint. Mail complaint to: Garland NAACP, P.O. Box 460944, Garland, Tex 75046

OFFICE USE ONLY Date Complaint was received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAACP officer \_\_\_\_\_\_\_\_\_\_\_\_\_ Date/ time complaint heard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date discussed. with leadership\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up required? \_\_\_\_\_\_\_\_\_\_\_\_ Meeting scheduled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attendees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your complaint is accepted by the Garland Branch, please read below and indicate how you want the privacy handled.

CONSENT: I have read and I understand the above and give permission to the Garland Branch to reveal my identity or identifying information about me.

 CONSENT DENIED : I have read and I understand the above and do

 not give permission to the Garland Branch to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: Date:

*\*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.*

Name (Please print): Address: