



[www.ouachitaNAACP.org](http://www.ouachitaNAACP.org)  
**NAACP**

PLEASE MAIL OR DELIVER TO:  
 Monroe/Ouachita Parish NAACP Branch #6068 Legal  
 Redress/Civil & Human Rights Complaint P. O. Box 13063  
 Monroe, Louisiana 71213-3063  
[pob0705@aol.com](mailto:pob0705@aol.com) or [Monroe\\_OPNAACP@outlook.com](mailto:Monroe_OPNAACP@outlook.com)

## Complaint of Discrimination Form

**Note:** 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.

Today's Date: \_\_\_\_\_

### CONTACT INFORMATION

Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
Home Telephone:	Work Telephone:	Cell Telephone:	
Email Address:			

**Please Note that we will not process your application unless all questions are completed. Incomplete applications will not be investigated. You may add additional pages.**

### COMPLAINT OF DISCRIMINATION DIRECTED AGAINST

Company or Person Name			
Address:	City:	State:	Zip:
Telephone:	Was the alleged discrimination because of: (please check all that apply) <input type="checkbox"/> Race or Color <input type="checkbox"/> Religion <input type="checkbox"/> National Origin <input type="checkbox"/> Sex Age <input type="checkbox"/> Disability/Handicapped status <input type="checkbox"/> Other		
Date of Incident/infraction:		Time of incident/infraction (a.m./p.m.):	
Have you filed a complaint with any governmental agencies? Which ones(s)?		Have you retained an attorney regarding this case?	

List names, phone numbers and addresses of all persons involved or who witnessed incident.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

