NAACP

National Association for the Advancement of Colored People
Prince William County Branch
P.O. Box 449
Manassas, Virginia 20108-0449
http://www.pwnaacp.org

Are you a current member of the NAACP?

☐ Yes ☐ No

Date:

FOR OFFICE USE ONLY:

Date Received:

Followed Up By:

Relevant Committee:

Last Name	First Name	Middle Initial

Address	Telephone Number (home)
City, State, Zip	Telephone Number (work) EXT.

PLEASE NOTE THAT WE WILL NOT PROCESS YOUR APPLICATION UNLESS ALL QUESTIONS ARE COMPLETED (FRONT AND BACK) ALONG WITH A SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Place of Employment: (Name and Address)

(a) Please indicate the basis of the discrimination:

Race or Ethnic Identity:_____ ☐ Sex: M / F ☐ Age: _____ ☐ Religion: _____

Disability: _____ Veteran's Status _____

Other: _____

(b) How were you discriminated against? (Add Additional Sheets if Necessary)

(c) By whom were you discriminated – include name(s), race, and gender of each: (Add Additional Sheets if Necessary)

Name:	Race:	Gender:
Name:	Race:	Gender:

Name:	Race:	Gender:

(d) Where did the discrimination take place? Cite location/address for each incident:

Address #1:	City:	State:	Postal Code:
Address #1:	City:	State:	Postal Code:

(e) Did anyone witness the discrimination that took place? (Add Additional Sheets if Necessary)

Witness #1:	Address:
Available to make statement on your behalf: ☐ Yes ☐ No	Phone:
Witness #2:	Address:
Available to make statement on your behalf: ☐ Yes ☐ No	Phone:

(f) What was the effect or impact of the discriminating behavior on you? (Add Additional Sheets if Necessary)

(g) To date, what actions have you taken? (Add Additional Sheets if Necessary)

(h) Have you filed a complaint with or notified any other organization or individual regarding this matter? (Add Additional Sheets if Necessary)

☐ Yes ☐ No

Name:	Address:
	Phone:

What actions, if any, were taken in response to the complaint or notice of concern? (Add Additional Sheets if Necessary)
Who took these actions? (Add Additional Sheets if Necessary)
When were these actions taken? (Add Additional Sheets if Necessary)
(i) What would you like the NAACP to do for you regarding the discrimination? (Add Additional Sheets if Necessary)

RELEASE OF LIABILITY

I affirm that the statements that I have made above are accurate and true to the best of my knowledge and belief. I hereby request the assistance of the Prince William County Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Prince William County Branch of the NAACP to have access to information and documents, which are relevant to my claim of discrimination described above.

I understand that once a referral to a volunteer, community agency, or private attorney has been made, the PRINCE WILLIAM COUNTY BRANCH NAACP WILL NOT BE RESPONSIBLE for the handling of this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD the PRINCE WILLIAM COUNTY BRANCH NAACP and its OFFICERS harmless for any and all damages arising as a result of my case being mishandled, negligently handled, or improperly handled in any way.

Signature: _____ Print full name: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

First, indicate the amount of information you authorize the PRESIDENT to release. Second, indicate to whom you authorize the PRESIDENT to release the information; select all that apply. The PRESIDENT of the PWC NAACP will not release any information concerning this request to any person not indicated in Table 1.

I, _____, authorize the PRESIDENT of the Prince William County Branch to exercise his/her discretion[1] to share information based on the selections in Table 1 (below).[2]

Table 1 Authorization to Release Elections

Information Authorized to Release	Initial All that Apply	Release To	Initial All that Apply
All information contained in this request for assistance.		PWC NAACP Executive Committee	
My name		PWC NAACP General Membership	
Description of the Discrimination		Partner Organizations	
Accused persons (by role, but not by name) and organizations		Unit Website / General Public	
		Press	

I, _____, understand that the President of the PWC NAACP or his/her representative may contact any person listed in this request in order to properly investigate this matter. I, _____, also understand they may contact any persons they believe are relevant to this matter in order to properly investigate the issues or to present the Unit's concerns. I understand that the Unit's concerns maybe different than my own.

NON-RETALIATION REQUIREMENTS

Section 704 (a) of the Civil Rights Act of 1964, (as amended), Section 4 (d) of the Age Discrimination in Employment Act of 1967, (as amended), and various other civil rights laws make it an unlawful employment practice for an employer; employment agency; or labor organization: to discriminate against employees, applicants for employment, member or applicant for membership, because the employee, member or applicant has opposed an unlawful employment practice, made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing.

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time the Prince William County Branch is only seeking information to assist you concerning this complaint. Please mail this information and copies of supporting documents in an envelope marked confidential to:

Prince William County Branch NAACP
P.O. Box 449
Manassas, VA 20108-0449

You can also scan the document and e-mail it to info@pwnaacp.org

[1] All or some of the authorized information can be released.
[2] Your authorization is transferrable to the Virginia State Conference and the National NAACP.