MKB NAACP Action / Handling / Deposition Complaint Form

NAACP
Metropolitan Kalamazoo Branch

Instructions

We ask that all submitters read and complete this complaint form carefully and in its entirety. It is important that submitters alleging employment discrimination write down the following:

- The name and address of the business where the employment discrimination occurred
- The date, place and time of the incident(s)
- The contact information for the person(s) involved and witnesses (if any)

Submitters must also acknowledge they have read and understand the Individual Complaint Procedures Memorandum of Understanding and the list of additional contacts provided below.

Additional Contacts

If you have an urgent civil rights complaint, you may wish to contact:

- The Michigan Department of Civil Rights-Grand Rapids (616-356-0380)
- The Equal Employment Opportunity Commission-Detroit (EEOC) (313-774-0020)
- The American Civil Liberties Union-Southwestern Branch (ACLU) (313-578-6800)

For Legal Consultation, you may wish to contact:

- The Wolverine Bar Association (313-962-0250)
- The State of Michigan Lawyer Referral Services (800-968-0738)

Individual Complaint Procedures Memorandum of Understanding

1. The NAACP does not provide services for cases determined not to be discrimination by race.
2. The NAACP provides an opportunity for you to formally file a complaint.
3. The NAACP provides an initial review to determine merit of complaint.
4. The NAACP may provide official inquiry via letter(s), phone call(s), site visit(s), and referral(s).
5. The NAACP provides information about attorney referral services: We do NOT recommend attorneys.
6. The NAACP may provide expert testimony via attorney secured by client.
7. The NAACP is not an enforcement agency and therefore often refers complaint cases to Michigan Department of Civil Rights, Human Rights Department, Equal Employment Opportunity Commission, etc.
8. The NAACP provides forums to inform the public of racial discrimination.
9. The NAACP may provide a written report following a fact-finding official inquiry with the recommendation to eliminate discrimination.
10. The NAACP may provide consultation to educate persons as to their constitutional rights.
11. The NAACP does provide case review and follow-up on cases that have been designed for the NAACP follow through action.
12. The NAACP reserves the right to investigate and act on cases based on our determination.
13. The NAACP does not provide services for cases determined not to be to discrimination by race.
14. The NAACP does not provide legal representation for individual cases.
15. The NAACP does not provide endorsement, recommendation, or specific names of attorneys. We do, however, provide the names of attorney referral agencies.
16. The NAACP does not provide financial assistance for attorney services.

Please retain your original documents. The Metropolitan Kalamazoo Branch NAACP is not responsible for lost documents. Any information submitted to the NAACP becomes the property of the Metropolitan Kalamazoo Branch NAACP.

Personal Information

Full Name :

Date Of Birth : M M D D Y Y Y Y

Please Select : Mr. Mrs. Miss Ms. Dr.

Street Address :

City / State :

Zipcode :

Phone Number :

Sex :

Ethnicity/Race :

Age :

Are you a current or previous member of the NAACP? :

If yes, please identify which chapter :

If your membership has expired, please indicate when :

Respondent Information (party you are filing against)

Full Name :

Company (if applicable) :

Main Contact Name :

Street Address :

City / State :

Zipcode :

Email :

Daytime Phone Number :

Evening Phone Number :

Reason for filing your complaint. Please select all that apply.

- [ ] Race
- [ ] National Origin
- [ ] Sex
- [ ] Other
- [ ] Age
- [ ] Color
- [ ] Disability

If you selected other, please specify :

Please select the agencies you have contacted prior to completing this application. You may select more than one.

- [ ] EEOC
- [ ] ACLU
- [ ] HUD
- [ ] National Labor Relations Board
- [ ] Michigan Department of Civil Rights
- [ ] Law Enforcement Agency
- [ ] Other

If you selected a law enforcement agency, please specify which one :

If you selected other, please specify :

Have you made any attempts to discuss this complaint with the respondent? :

If you said yes to the previous question, who did you contact? :

Background information

Why do you believe what happened to you was based on (race, disability, sex, etc.)?

Are you aware of any person(s) of any other race who may have experienced similar discrimination? If yes, please provide their name, phone number and email.

Are you aware of the organization's processes or procedures required to file a complaint? :

Does the organization you identified have more than 15 employees? :

Please explain your complaint in detail with date(s) and place(s) of the incident(s). Please include the name(s) of person(s) involved. Please attach additional sheets, documentation or corroborating information.

Please specify the outcome you believe will resolve your complaint.

Please complete the following statement.

My name is _____ and I believe I was

Insert Name

subjected to _____

Insert Complaint

most recently on _____ because of my _____

Insert Date

Insert Assertion

Final Acknowledgements

I hereby certify that all of the information provided above is true and accurate to the best of my knowledge.

I hereby certify that I have read the Individual Complaint Procedures Memorandum of Understanding and the list of additional contacts.

_____

Signature

_____

Date