

DISCRIMINATION

Based on race, color, religion, national origin, sex, and handicapped status.

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.

Submit by Email

Print Form

NOTARIZE and Mail or Deliver to: BILOXI BRANCH N.A.A.C.P.
P. O. BOX 4149 [REDACTED]
BILOXI, MISSISSIPPI 39535-4149

(Please fill-in or print)

1. NAME E-MAIL

ADDRESS PHONE

CITY COUNTY Harrison ST MS ZIP

2. WAS THE DISCRIMINATION BASED UPON (Please check all of those that apply) ?

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| Race or Color | <input type="checkbox"/> | Sex | <input type="checkbox"/> |
| Religion | <input type="checkbox"/> | Age | <input type="checkbox"/> |
| National Origin | <input type="checkbox"/> | Handicapped Status | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

3. WHO DISCRIMINATED AGAINST YOU?

WHAT IS THE NAME ADDRESS

CITY COUNTY Harrison ST MS ZIP

OF THE PERSON WHO DISCRIMINATED AGAINST YOU?

4. HAVE YOU FILED A COMPLAINT WITH ANY GOVERNMENTAL AGENCIES? YES NO

5. HAVE YOU RETAINED AN ATTORNEY REGARDING THE CASE? YES NO

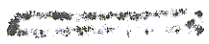
ATTY. NAME E-MAIL

ADDRESS PHONE

CITY COUNTY ST MS ZIP

6. WHAT IS THE ACTUAL DATE OR MOST RECENT DATE ON WHICH THIS DISCRIMINATION OCCURED?

[Empty box for date]



7. EXPLAIN WHAT UNFAIR THING WAS DONE TO YOU?

[Large empty box for explanation]

Please attach additional pages if more space is needed.

NOTARIZE.

AFFRIM THAT I HAVE READ THE ABOVE CHARGE AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, NFORMATION, AND BELIEF.

SIGNATURE OF COMPLAINTANT

DATE

FOR NAACP USE ONLY

CASE MANAGER REFERRED TO: Biloxi Branch NAACP

LEGAL REDRESS FORM PROCESSED/SENT BY (INITIALS):

DATE SENT/PROCESSED:

STATE OF MISSISSIPPI
COUNTY OF HARRISON

Personally appeared before me, the undersigned authority in and for the said County and State, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____, who acknowledge that (he/she/they) signed and delivered the above and foregoing instrument in writing on the day and year therein mentioned.

(Print)

(Signed)

Given under my hand and official seal of office, this _____ day of _____ 20_____.

(Notary Public)

(Seal)

(My Commission expires)