

**GLOUCESTER COUNTY, NEW JERSEY
NAACP BRANCH 2345**



**P.O. BOX 545
WILLIAMSTOWN, NJ 08094
PHONE: 609-841-7913**

Are you a current member of the NAACP?
Yes No

DATE:

FOR OFFICE USE ONLY:

DATE RECEIVED:

FOLLOWED UP BY:

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 ONE-PART SUMMARY OF THE ALLEGED DISCRIMINATION THAT OCCURRED. INCOMPLETE APPLICATIONS WILL NOT BE INVESTIGATED.

Place of Employment:	Address
	City, State, Zip
Please note the following definitions: <ul style="list-style-type: none"> • African American/Black – People having origins in any of the Black racial groups of Africa. Not of Hispanic origin. • Native American, American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation of community recognition • Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or south American, or other Spanish culture or origin, regardless of race. • Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This Area includes for example, China, India, Japan, Korea, the Philippine islands, or Samoa. • White – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East. Not of Hispanic origin 	Your race:
	(a) Did the discrimination occur as a result of: <ul style="list-style-type: none"> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Veteran's Status <input type="checkbox"/> Other: _____

(b) How were you discriminated against?

(c) By whom were you discriminated by—include name(s), race, and gender of each:

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 #2:	City:	State:	Postal code:

(e) Did anyone witness the discrimination that took place?

Witness #1:	Address:
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
Witness #2	Address:
Available to make statement on your behalf: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:
(f) What was the effect or impact of the discriminating behavior on you?	
(g) To date, what actions have you taken so far?	
(h) Have you filed a complaint with or notified any other organization or individual regarding this manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:	Address:
	Phone:
What actions, if any, were taken in response to the complaint or notice of concern?	
Who took these actions?	
When were these actions taken?	
(i) What would you like the NAACP to do for you regarding the discrimination?	

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 Gloucester County, New Jersey Branch of the NAACP in seeking a remedy to the situation described above. I hereby authorize the officers of the Gloucester County, New Jersey 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 GLOUCESTER COUNTY BRANCH NAACP WILL NOT BE HELD RESPONSIBLE** for handling this matter. I further understand that by signing this document, I am agreeing to HOLD the GLOUCESTER COUNTY BRANCH NAACP 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 Name: _____ Date: _____

COMPLETION OF THIS FORM

Completing this form does not constitute filing an official complaint with a legal authority. At this time the Gloucester County, New Jersey branch is only seeking information to assist you concerning this complaint. Please mail this information and copies of sustaining documents in an envelope marked CONFIDENTIAL to:

NAACP Branch #2345
P.O. Box 545
Williamstown, NJ 08094

Revised 07/2009