

Greater Indianapolis NAACP, Branch #3053 Complaint Form

Dear Community Member:

The Greater Indianapolis Branch NAACP will refer complaints alleging employment discrimination to an appropriate agency for official investigation, i.e., EEOC, Indiana Civil Rights Commission, and monitor the agency's work on all cases referred by the NAACP. ***Completing this form does not constitute filing an official complaint with a legal authority.***

To the extent resources allow, the Greater Indianapolis Branch NAACP may provide other supportive assistance to the complainant. In virtually all instances of employment discrimination, complainants will lose their right to any form of legal remedy if they do not file a complaint with the EEOC within 180 days of the event of the alleged discriminatory conduct and or act. Since Indiana has a civil rights commission, then this time period is expanded to 300 days. If there is any doubt, file within 180 days just to be sure. Please answer all questions and be as specific as possible. These directions are numbered to match the questions.

Question 1: Be sure to give your full name and address. If you do not have a phone, give a phone number where you can be reached.

Question 2: Please check the box that indicates what you believe to be the cause of discrimination. (if other, please state what other.

Question 3: If you believe that other parties (for example, a labor union or any employment agency, in addition to an employer) were involved in the act of discrimination, list them on the last line of section 3.

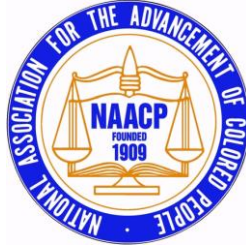
Questions 4, 5 and 6: If you have consulted an attorney or filed this complaint with a state or local human relations commission, Federal government, union or agency, check "yes" and give the name of entity.

Question 7: Give the day, month and year of most recent date the discrimination took place. In some instances, the discrimination may be continuing. For example, seniority lines are segregated.

Question 8: Tell us as much as you can. For example: Were you fired? Did you fail to get a promotion: Did the company refuse to hire you? Did the union or employment agency refuse to refer you to a job? Who discriminated against you? Why do you believe it was because of your race, color, religion, national origin, sex, age or other? Include where the policy/practice was applied differently compared to another person.

Question 9: Sign your name, and mail or take to the address provided on the complaint form.

Sincerely yours,
Legal Redress Committee
Greater Indianapolis NAACP Branch #3053



COMPLAINT OF DISCRIMINATION

Based on race, color, religion, national origin, sex, age, 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. Please answer all questions and be as specific as possible. Mail or bring your completed and signed complaint form to:

Greater Indianapolis Branch NAACP #3053
Attn: Legal Redress
300 E. Fall Creek Parkway North
Indianapolis, IN 46205

(Please print or type)

Question 1.

Your Name:
Phone Number:
Street Address:
State:
Zip Code:

Question 2.

Was the discrimination because of: (Please check all that apply.)

Race or Color
Religion
National Origin
Sex
Age
Handicapped Status
Other

Question 3.

Who discriminated against you? (Give name and address of employer, labor organization, employment agency, apprenticeship committee, licensing agency, etc. (List all)

Name:
Street:
City:
State:
Zip Code:

Question 4.

Have you filed a complaint with any governmental agency? If yes, which one(s)?

Yes
No

Question 5.

Have you filed a grievance with your union?

Yes: Include name of local representative:

No

No union at workplace

Question 6.

Have you retained an attorney regarding this case?

Yes

No

Name of Attorney:

Phone:

Address:

Question 7.

The actual date or most recent date on which this discrimination occurred?

Time of day (am/pm):

Month:

Day:

Year:

Question 8.

Explain what happened to you:

(Attach another piece of paper if you need more space)

Question 9.

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature of Complainant_____

Date:_____

RELEASE AND DISCLAIMER

I, _____, reside at _____. By placing my Initials to the left of each numbered item below, I affirm that I understand it and agree with it.

- _____ 1. I have submitted to the Greater Indianapolis Branch of the NAACP a Complaint of Discrimination directed against _____.
- _____ 2. I understand that the NAACP is a private, nonprofit, voluntary organization. It is not a government agency. Filing a complaint with the NAACP is not the same as filing a complaint with an administrative agency or filing suit in a court of law. Whatever rights I have to file a complaint with an administrative agency or to file a civil lawsuit are completely unaffected by whether or not I have filed this-my complaint with the NAACP/
- _____ 3. The deadline by which I must file my complaint or lawsuit with _____ is _____. If I do not file my complaint or lawsuit with _____ by that time, I may have no right to a recovery from any harm from the respondent.
- _____ 4. I have authorized the NAACP to investigate my complaint; (2) to attempt to mediate my complaint with Respondent in order to explore the possibility of settlement; and (3) if there is no settlement, to provide me at least three referrals of lawyers who may consider representing me in litigation against Respondent.
- _____ 5. I understand that the NAACP in no way guarantees the competency, professionalism or fitness of the lawyers whose names have been provided.
- _____ 6. I will provide the NAACP copies (not originals) of whatever documents I have to support the complaint. If I request in writing that some of the material will be held in confidence, the NAACP will hold it in confidence; otherwise the NAACP may share it with the Respondent or with state or federal anti-discrimination agencies.
- _____ 7. If the NAACP mediates my complaint with Respondent, I will refrain from filing my complaint with a state or federal anti-discrimination agency, or filing a lawsuit while the mediation is in progress. However, I am free at any time, after notifying the NAACP of my intentions, to terminate the mediation and file my complaint with a state or federal anti-discrimination agency or file a lawsuit. If the mediation is nonbinding, I am not required to accept a settlement with Respondent.
- _____ 8. NAACP will receive no funds from any mediation or settlement. Persons conducting settlement and negotiations are not lawyers and are not providing legal services.
- _____ 9. I agree that if I accept a settlement with Respondent, I will be required to sign a release of Claims against a Respondent, and I will honor the terms of such a Release and Claim.
- _____ 10. I understand that if the NAACP refers me to a private attorney, I am not required to retain him or her and he or she is not required to offer legal representation to me. I understand that such representation as he or she might offer to me need not be without charge, but may be on whatever terms he or she and I agree on. I understand that she does not also represent the NAACP, nor is she employed or paid by the NAACP.

- _____11. I understand that the NAACP is not a law firm and cannot provide me with legal advice or legal representation. Although some of its members and volunteers are lawyers, they represent the NAACP and not me personally.

- _____12. I release and hold harmless the NAACP, its officers, directors, employees, agents, personal actions and actions, cause and causes of action, suites, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreement, promises, variances, trespasses, damages, judgments, executions, claims and demands whosoever in law and in equity, which I ever had, may have in the future, or which any of my personal representatives, successors, heirs or assigns hereafter can, shall or may have against the NAACP, upon or by reason of the NAACP's handling of my Complaint of Discrimination.

Signature of Complainant_____

Date:_____

OFFICE USE ONLY. DO NOT WRITE ON THIS PAGE!

Summary/Findings:

Disposition:

Reviewer's Name: _____ **Date:** _____