

## ACKNOWLEDGEMENT and RELEASE OF LIABILITY

\_\_\_\_\_ I hereby request the assistance of the NAACP.

\_\_\_\_\_ I understand that the NAACP is not a legal entity and does not legally represent me.

\_\_\_\_\_ I understand that the NAACP does not give legal advice.

\_\_\_\_\_ Completing this form does not constitute filing an official complaint with a legal authority.

\_\_\_\_\_ I hereby authorize the NAACP to have access to information and documents, which are relevant to my claim of discrimination described below.

\_\_\_\_\_ The NAACP will make every effort to provide the same degree of assistance to non-members as it does to members.

\_\_\_\_\_ **DISCRIMINATION CLAIMS MUST BE FILED WITH THE APPROPRIATE STATE AND/OR FEDERAL AGENCY IN A TIMELY MANNER.** Failure to timely file may prevent the undersigned from pursuing a claim in a court of law. Please consult an attorney of your choice.

\_\_\_\_\_ I understand that once a referral to a volunteer organization, community agency, or I retain an attorney, the NAACP will not be responsible for handling this matter.

\_\_\_\_\_ I further understand that I am solely responsible for contacting attorneys and timely filing all necessary claims.

\_\_\_\_\_ Any and all communications and documents acquired by the NAACP may be discoverable in a court of law.

\_\_\_\_\_ I further understand that by signing this document, I agree to hold the NAACP harmless for all damages arising from the NAACP'S involvement, or lack thereof. I also agree that I have read this document.

\_\_\_\_\_ Are you a member of the NAACP?

\_\_\_\_\_ Are you registered to vote?

Signature \_\_\_\_\_

Date \_\_\_\_\_

NAACP Member Signature \_\_\_\_\_

Date \_\_\_\_\_

## REDRESS INTAKE FORM

Name		Today's Date
Address		
City	State	Zip Code
Mobile Phone	Home Phone	Work Phone
Email Address		

Date of incident	Location of incident
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**If your incident took place in another county, your information will be sent to the appropriate NAACP Branch.**

Did the discrimination occur because of:					
<b>TYPE OF CASE (check all that applies)</b>					
	Criminal		Employment		Education
	Police misconduct		Discrimination		Age
	Civil Rights		Gender		Race
	Housing		Harassment		
	Disability		Religion		Other

By whom were you mistreated:			
Name		Position	
		Company or Institution	
Have you filed an EEOC complaint?		Yes	No
Date _____			
Have you filed for unemployment?		Yes	No
Date _____			
Have you filed a complaint with any other agency?		Yes	No
Date _____			
Which agency?			

Have you retained an attorney?		Yes	No
Attorney Name:			
Address:			
City		State/Zip code	
Phone:		Email:	
If you have retained an attorney, did you inform the attorney that you were speaking with us?		Yes	No
Has a law suit been filed?		Yes	No

What have you done to resolve your issue?

What do you want to see happen with your complaint?

What are you seeking from the NAACP?

**If you have retained an attorney, the attorney may not want you to discuss the facts of the case with anyone. The information that you give us may not be considered as privileged.**

Do you wish to continue with this progress? (circle one) Yes or No

Do you have financial resources? (circle one) Yes or No

Witness	Phone Number	Brief Statement

Others who may have been treated the same as you.	Phone Number	Brief Statement

**Describe the bases for complaint:** \_\_\_\_\_ Name

If more sheets are needed, please ask. Try not to use he, she or they. Use their name so that your statement can be followed.

[illegible]

\_\_\_\_\_ I affirm That the statements that I have made to the NAACP are accurate and true to the best of my knowledge and belief.

Complainant's signature	Date
NAACP Member Signature	Date

