



NATIONAL ASSOCIATION FOR THE ADVANCEMENT *of* COLORED PEOPLE
Philadelphia Branch | Unit 2346

Civil Rights Intake Form

DISCLAIMER

The purpose of this form is to gather information for the Legal Redress Team to consider when determining whether the NAACP Philadelphia Branch may be able to assist you with your complaint of discrimination. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP Philadelphia Branch and the complainant.

CONSENT

I, _____, hereby authorize the NAACP Philadelphia Branch to investigate my complaint and render me whatever assistance it deems necessary and appropriate to resolve my problem.

I understand that the NAACP Philadelphia Branch by its willingness to review my complaint is not serving as legal counsel or a personal representative in the matters I have brought to their attention.

Date: _____ Signature: _____

CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Mobile: _____

Email: _____

BACKGROUND INFORMATION

Are you a member of the NAACP? ☐ Yes | ☐ No

If so, membership number: _____

Are you currently represented by an attorney in this matter? ☐ Yes | ☐ No

Has an attorney ever represented you in this matter? ☐ Yes | ☐ No

If so, attorney's name and number _____

May we contact your attorney? ☐ Yes | ☐ No

Have you filed a complaint with any government agency? ☐ Yes | ☐ No (Many filings are subject to strict time limitations.)

If so, agency name:

- | | |
|---|--|
| <input type="checkbox"/> EEOC | <input type="checkbox"/> U.S. Attorney's Office |
| <input type="checkbox"/> Labor Union | <input type="checkbox"/> Philadelphia City Council |
| <input type="checkbox"/> HUD Contact | <input type="checkbox"/> City Service Request |
| <input type="checkbox"/> Human Rights Office: | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Police Department | |

Have you contacted any other nonprofit organization about your complaint? ☐ Yes | ☐ No

If so, organization name: _____ Date: _____

COMPLAINT

Did the discrimination complained of occur in the Greater Philadelphia Area? If no, where? _____

What was the basis of the discrimination you experienced? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Handicap/Disability | <input type="checkbox"/> Source of income |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Place of residence or business |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Matriculation (student status) |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sex | <input type="checkbox"/> Personal appearance |
| <input type="checkbox"/> Age | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Political affiliation |
| | <input type="checkbox"/> Gender identity or expression | <input type="checkbox"/> Other: _____ |

Who discriminated against you? _____

Address: _____

Email Address: _____

Please briefly describe the discrimination you've encountered:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Were there any witnesses to these events? ☐ Yes | ☐ No

If so, name:

Phone number:

May we contact?

☐ Yes | ☐ No

☐ Yes | ☐ No

☐ Yes | ☐ No

☐ Yes | ☐ No

Have you recorded or saved any evidence? ☐ Yes | ☐ No

If so, please list:

1. _____

2. _____

3. _____

I affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information, and belief.

Signature: _____

Date: _____

Please send completed forms and copies of your documentation to:

NAACP Philadelphia Branch
4458-B Germantown Ave.
Philadelphia, PA 19140

OR

Email: legal_redress@naacpphillybranch.org