



**NAACP
JACKSONVILLE BRANCH
PRELIMINARY COMPLAINT FORM**

**PLEASE READ CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION. PLEASE NOTE THAT THIS IS A
PRELIMINARY COMPLAINT FORM AND ADDITIONAL INFORMATION MAY BE NEEDED AT A LATER DATE.**

Branch Name: _____

CONTACT INFORMATION:

Name of Complainant: _____ **Date of Birth:** _____

Mailing Address (no P.O. Boxes accepted): _____

Home Phone: _____ **Alternate Phone No.:** _____

Fax No.: _____ **E-mail:** _____

COMPLAINT INFORMATION:

What is the nature of your complaint? Employment ___ **Housing** ___ **Discrimination** ___ **Police
Brutality** ___ **Other** _____

Date(s) of incident(s): _____

Location(s) of incident(s): _____

Please explain the incident(s): (Please use backside if necessary)

Do you have an attorney representing you in this matter or have you had previously an attorney represent you in this matter?

If yes, please provide the name and phone number. _____

***I HEREBY DECLARE THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM GIVING
CONSENT FOR THE NAACP TO INVESTIGATE AND POSSIBLY INTERCEDE FOR ME IN THIS MATTER. IN
ADDITION, I RELEASE THE NAACP AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS FROM ANY
AND ALL LIABILITY AS THEY PROCEED WITH THIS INVESTIGATION ON MY BEHALF. FUTHERMORE, I
UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY DECLINE
TO INVESTIGATE MY COMPLAINT AND THAT IS THEIR RIGHT. I WILL ACCEPT THE COURSE OF ACTION THE
NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY TAKE IN THIS ACTION.
FURTHERMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGNETS, MEMBERS, AND
VOLUNTEERS DO NOT REPRESENT ME IN THIS MATTER.***

Signature of Complainant: _____ **Date:** _____

