



The Mission of the National Association for the Advancement of Colored People is to secure the political, educational, social, and economic equality of rights in order to eliminate race-based discrimination and ensure the health and well-being of all persons.

**DISCRIMINATION COMPLAINT FORM**

**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 your complaint. We only address incidents that occurred in Volusia County.**

*Please Print Legibly*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Florida Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Indicate nature of the discrimination (check all that apply) and include the date of incident:**

- Education: (Suspension, Racial Incident, Competency Exam, Other); Date: \_\_\_\_\_
  - Employment: (Hiring, Promotion, Job assignment, Training, Termination, Other); Date: \_\_\_\_\_
  - Public Accommodations/Service: (Store, Hotel, Other); Date: \_\_\_\_\_
  - Police Action: (Harassment, Brutality, Other); Date: \_\_\_\_\_
  - Race, National Origin, Gender, Religion, Physical Disability, Age, Political Affiliation, Sexual Harassment, Personal Injury, Housing or Other: \_\_\_\_\_
- Date: \_\_\_\_\_

**Include any pertinent information, attach supporting documents, and use additional sheets if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What have you done to resolve this complaint?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has this complaint been filed with any other Federal, State, or Civil Rights Agency or Court?**

Yes  No If yes, please complete section below:

Agency or Court: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Do you intend to file with another Agency or Court?**

Yes  No If yes, please complete section below:

Agency or Court: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ When do you expect to file? \_\_\_\_\_

**Have you (or the person discriminated against) filed any other complaints with this office?**

Yes  No If yes, provide the date of complaint(s) and a brief description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What was the result?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information I have provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

*Note: The filing of this complaint does not obligate the NAACP in any matter. It is your responsibility to pursue your complaint in the appropriate manner. Also, filing a complaint with the Volusia County Branch of the NAACP does not prevent you from filing with the EEOC or other Federal agencies or Courts.*

*Email the completed form to [education@westvolusiaaACP.org](mailto:education@westvolusiaaACP.org)*