



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 info@westvolusiaaapc.org