

# NAACP Complaint Form

Branch 1140-B



This purpose of this Yakima County NAACP form is to help us help you lodge a complaint of discrimination.

We can provide you with referrals to our list of recommended legal and social justice professionals.

If the Legal Redress Committee agrees to take on your discrimination claim, the Yakima County NAACP will advocate on your behalf.

When you get to the section of the form that requires you to “Please describe your complaint”, you must be as brief as possible. Just give us the GIST of what happened to you.

You will have the opportunity to explain your complaint in full detail after someone from the Legal Redress Committee sets up an appointment with you for consultation.

Now, let’s proceed with you filling out this form!

Are You A Current NAACP Member? PLEASE NOTE: Due to the volume of requests, we give first right of priority to current branch members. If you are not a member and would like to join, go to [naacp.org/membership](http://naacp.org/membership) right now, enter your zip code and select Yakima Branch 1140-B. Then immediately send a screenshot of your membership confirmation to [yakimacountynaacp@gmail.com](mailto:yakimacountynaacp@gmail.com).

Yes  No

Before you proceed with a request for Legal Redress from the Yakima County NAACP, you must agree to answer the following questions as truthfully and accurately as possible. CHECK OKAY to proceed.

OKAY

NEXT, you must affirm that you hereby request the Yakima County NAACP to advocate on your behalf and authorize the Legal Redress Committee to have access to any documents and relevant discrimination information needed to review your case. Do you understand that the Yakima County NAACP is only an advocate, and NOT your legal representation?

Yes

In 3 to 4 BRIEF sentences, please describe your complaint:

---

---

---

In 1 or 2 BRIEF sentences, please provide any information you feel comfortable sharing about yourself. (race, gender, ethnicity, employment and housing status, etc.)

---

---

---

First Name / Last Name:

---

Best phone number to reach you:

---

Your mailing address:

---

Type of Complaint: (Check all that apply)

- Civil Rights Violation/Hate Crime
- Gender-based Discrimination
- Harassment (Non-sexual)
- Harassment (Sexual)
- Housing Discrimination

- Race-based or Ethnic-based Discrimination
- Racial Profiling
- Religious-based Discrimination
- Retaliation to Whistleblowing
- Other: \_\_\_\_\_

Is this an Employer Complaint?

Yes  No

If this is an Employer Complaint, please give the legal business or “DBA” name of your Employer. (If this is not an Employee Complaint, enter N/A.)

---

If you are filing an Employer Complaint, please tell us who you have a complaint against:

- Corporate Office
- Manager or Supervisor
- Co-Worker
- Client or Vendor of my Employer

If this is NOT an Employer Complaint, please select the box that applies to your Legal Redress Request: (Check all that apply)

- Armed Forces and Veterans
- Banking and Finance
- Child Protective Services
- Community Relations/Nonprofit Organizations
- Education (School District, University, College, Technical College, Private School, Trade School)
- Government Agency
- Housing
- Media (Print, Electronic, Radio, and other forms of Media)
- Police Misconduct and Criminal Enforcement
- Private Business
- Public Accommodations

Public Transportation

Race Relations

Union Representation

Other: \_\_\_\_\_

Name, Contact Info, and Description of the person you have a Complaint against:

---

---

Have you contacted an attorney? If YES, please give us the name of the Attorney or Government Agency you have contacted. (IF no contact, type N/A.)

---

Date you contacted the Attorney or Government Agency listed above:

---

Are you being represented by a Union?

Yes  No

If you are being represented by a Union, please give us the name of the Union. (If no union, write N/A.)

---

Date you contacted the Union:

---

Before you proceed with this request for Legal Redress from the Yakima County NAACP, you must answer YES to the following statements. Checking YES means that you agree. CHECK OKAY to proceed.

OKAY

I, the undersigned, hereby authorize the Yakima County NAACP to investigate my alleged claim of discrimination, civil, or human rights violation(s).

Yes

I acknowledge that any and all communications with the Yakima County NAACP about this claim is

subject to become discoverable evidence in a court of law.

Yes

I understand that I am solely responsible to contact and retain my own legal representation (attorney) and that the Yakima County NAACP is not my legal representative in any way.

Yes

I acknowledge that I am solely responsible for filing my legal complaint(s) and that I will adhere to filing my lawsuit according to court deadlines and in a timely manner.

Yes

I understand that discrimination claims have to be filed with the appropriate state and/or federal agency in a timely manner, otherwise I will be unable to proceed with my court claim.

Yes

I agree to hold harmless Yakima County NAACP volunteers and members, Yakima County NAACP Legal Redress Committee, and the National NAACP entity, staff and its officers for any and all damages arising from the Yakima County NAACP's involvement in my claim, or lack thereof, and I release all liability for such damages.

Yes

Your Signature Is Required. Please sign your first and last name along with today's date. in the MM/DD/YYYY format.

\_\_\_\_\_ Date \_\_\_\_\_

Please fill form and email to [President@yakimacountynaacp.org](mailto:President@yakimacountynaacp.org) once complete.