DURHAM BRANCH P.O. BOX 3312 DURHAM, NC 27702



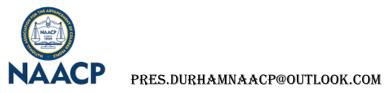
PRES.DURHAMNAACP@OUTLOOK.COM

The purpose of this form is to gather information for the Legal Redress Committee of the DURHAM County Branch of the NAACP. Once your form is received and reviewed, you will be contacted by a member of the committee for a follow up.

Disclaimer: Completing this form does not constitute an official complaint with a legal authority such as filing a lawsuit or complaint with a governmental agency. This form also does not establish an attorney-client relationship, nor any of the legal requirements that come with it.

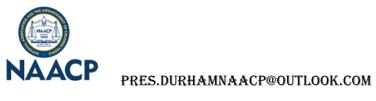
Name of Complaint Filer:				
Address:		Phone:		
Email:				
Has this complaint been in the Court Syste	em? Yes No			
Has this complaint been filed with any cor	mpany or organizatio	n? Yes No		
Are you the person that has been targeted	or discriminated aga	inst? Yes No		
Are you filing this complaint on the behalf	f of someone? Yes _	No		
If yes, Do you have legal grounds or guard No (If yes, please attach all pano, then the complaint ends here.)	perwork showing gu	ardianship or legal authorization. If		
Is the issue more than 30 Days old? Yes _	, -	-		
Are you currently being represented by	an attorney? 🗌 Ye	s 🗌 No		
(if "No" please continue to Section III)				
Attorney Name:				
Firm:				
Firm Address:				
City:				
May we contact your attorney? Yes	No			

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This complaint is against (select all that appli	(y):		
Individual Name:		Title:	
Relationship to individual (i.e. tenant, superv	risor):		
Agency/Entity Name:			
Agency/ Entity Address:			-
City:	State:	Zip Code:	
Phone: Email:			
Permission to contact: ☐ Yes ☐ No			
Basis of Discrimination:			
Location of occurrence:			
Time Frame:			
Isolated Incident (Date Occured:			
Ongoing Discrimination (Date Began: _)	
Former Time Period (Dates:)	
Please list any applicable witnesses			
Witness Name:		Phone:	_
Witness Name:		Phone:	_
Witness Name:		Phone:	

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STATEMENT OF DISCRIMINATION