



**NAACP
FLORIDA STATE CONFERENCE
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: MARTIN COUNTY BRANCH 5085

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. FUTUREMORE, 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. FUTUREMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGNETS, MEMBERS, AND VOLUNTEERS DO NOT REPRESENT ME IN THIS MATTER.

Signature of Complainant: _____ Date: _____