

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE



CALVERT COUNTY BRANCH
PO BOX 1865
PRINCE FREDERICK, MD 20678
naacpcalvert@gmail.com
240-719-6966

Date

REQUEST TO INVESTIGATE CIVIL RIGHTS OR SOCIAL INJUSTICE VIOLATION

Consent Statement

I, _____, certify that I am at least 18

Print name

years old and understand that this Request to Investigate is not a contract. I understand that the NAACP Executive Committee members will have access to my Request to Investigate. I declare that the information being reported herein is true and correct to the best of my knowledge and belief.

Signature Date

Branch Representative: _____

Section 1

Name _____

Home address _____

County _____ Street City/Town State Zipcod

Mobile # _____

E-mail address _____

Section 2 Are you a member of the NAACP? YES NO

Branch _____

If no, would you like for someone to contact you about membership? YES NO

Section 3 Based of Discrimination: (Check all that apply)

Race or color Religion National Origin Sex Age Gender Identity

Disability Pregnancy Hair Retaliation Genetic Information

Other (Please describe) _____

Section 4 Identify the agency or company involved in the incident..

Town or City Department (specify) _____

Police (specify) _____

Non-profit (specify) _____

Business/Merchant _____

Other (specify) _____

Date incident occurred or began _____

Most recent date of discrimination (month, day, year) _____

Section 5 Have you filed an EEO complaint? YES NO

If yes, date filed? _____ With which agency ? _____

Section 6 Are you a member of a labor organization? YES NO

If yes, which one? _____

Have you filed a grievance with your labor organization? YES NO

If yes, date filed _____

Section 7..Please tell us about yourself:

Race _____ Age _____

Gender: Female Male Transgender Prefer not to specify

Section 8 Please describe the incident(s). Identify the agency or company as well as names of all persons involved in each incident, and specific date. Please write as legibly as possible. Use additional pages, if necessary:

Section 8 Have you retained legal counsel? YES NO

If yes, please provide the following information for your legal counselor:

Name _____

Address _____

Office telephone number _____ **Mobile Number** _____
E-mail address _____