



Legal Redress Complaint Form

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Martha's Vineyard branch may be able to assist you with your complaint. Completing this form does not constitute an official complaint with a legal authority, such as filing a lawsuit or a complaint with a governmental agency. Nor does completing this form establish an attorney-client relationship between the NAACP of Martha's Vineyard branch and the complainant.

CONTACT INFORMATION

1. Name _____
2. Address _____
3. Phone Number _____
4. Email Address _____

BACKGROUND INFORMATION

1. Are you a member of the NAACP? ☐ Yes ☐ No
2. If so, what is your membership number? _____
3. Are you currently being represented by an attorney in this matter? ☐ Yes ☐ No
4. Has an attorney ever represented you in this matter? ☐ Yes ☐ No
5. If so, please provide the attorney's name _____
6. If so, please provide the attorney's phone number _____
7. May we contact your attorney? ☐ Yes ☐ No

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8. Have you filed a complaint with any government agency?

☐ Yes ☐ No

If so, please specify which agency and provide the details requested below:

	Contact Person	Date
☐ EEOC	_____	_____
☐ Labor Union (please specify which)	_____	_____
☐ HUD	_____	_____
☐ Human Relations Commission	_____	_____
☐ Police/Sheriff's Department	_____	_____
☐ US Attorney's Office	_____	_____
☐ City/County Council	_____	_____
☐ Other (Please specify)	_____	_____

9. Have you contacted any other non-profit organization about your complaint?

☐ Yes ☐ No

If so, please provide the organization name and date of contact

COMPLAINT

10. Did the incident about which you are filing this complaint occur in the Martha's Vineyard area?

☐ Yes ☐ No

If not, where did the incident occur?

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11. If the occurrence involved discrimination, what was the basis of the discrimination you experienced?

(Check all that apply)

- ☐ Race
- ☐ Sex
- ☐ Color
- ☐ Sexual orientation
- ☐ National Origin
- ☐ Gender identity or expression
- ☐ Religion
- ☐ Source of income
- ☐ Age
- ☐ Place of residence or business
- ☐ Physical Ability
- ☐ Marital Status
- ☐ Matriculation (student status)
- ☐ Familial Status
- ☐ Personal Appearance
- ☐ Other _____
- ☐ Political Affiliation

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12. Were there any witnesses to the incident(s)? ☐ Yes ☐ No

If yes, please specify please identify the witnesses below:

Name	Telephone Number	May we contact him/her?
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No

13. Have you recorded or saved any evidence? ☐ Yes ☐ No

If yes, please list:

Attach copies of documentary evidence if desired and **sign below**.

❖ DO NOT ATTACH ORIGINAL DOCUMENTS ❖

I, the undersigned, affirm that I have reviewed this complaint form and that it is true to the best of my knowledge, information and belief.

Complainant Name (printed): _____

Complainant Signature: _____ Date: _____

Send completed form to:

NAACP Of Martha's Vineyard • Unit #2052

Attn: Legal Redress Committee

PO Box 1513

Oak Bluffs, MA 02557

Or email to naacpmvbranch@gmail.com