

## **Legal Redress Committee** (Complaint Form)

The legal redress committee is comprised of members of the NAACP Jacksonville Branch with support from local attorneys and citizens who are knowledgeable in many areas. Our purpose is to address discrimination in any form in an attempt to create reconciliation.

Although you may have contacted The NAACP Jacksonville Branch via email or by phone, your complaint is not considered to have been formally submitted until you fill out the required Legal Redress Form and filed it with the Jacksonville Branch.

Please attach with a copy of this complaint form a memo stating your concerns, including names, dates, contact information, and a description of the alleged wrong action. Submit this form and the attached description by bringing it to a meeting of the Jacksonville Chapter, or by mailing it to NAACP Jacksonville, Post Office Box 6444, Jacksonville, AR 72078 or by email to naacpjacksonvillear@gmail.com. You may also give it to any officer of our local Branch. Please note that while we consider your complaint seriously, the submission of your complaint form does not automatically guarantee action on the part of the Jacksonville Branch.

If you desire, you may also submit your form to the NAACP National Legal Department. Your NAACP National Legal Department appreciates your complaint, however, due to the volume of complaints received by that office, the Legal Department may not be able to personally respond to each complaint it receives. Be advised that your complaint does not create an attorney-client relationship with the NAACP National Legal Department. Please also note that submission of a complaint does not mean that the NAACP National Legal Department has accepted your case.

Depending upon the type of complaint, it may be necessary for you to consult an attorney regarding your case as soon as possible because there may be certain **filing deadlines** that must be adhered to in order to file a case in court.

You may also wish to visit the NAACP resource page (https://naacp.org/find-resources) which contains contact information for various Federal and State agencies, civil rights advocacy groups that may be able to assist you.

The NAACP Jacksonville Branch may provide contact information, and/or assistance for concerned citizens with common complaints, issues or questions, but we do not provide legal advice. For legal advice, you should consult an attorney. Please also remember that NAACP members are volunteers and may not always be available to schedule time to assist you at your convenience. If your matter is time sensitive, do not wait for the NAACP.

www.naacpjvark.org Email: naacpjacksonvillear@gmail.com

## NAACP JACKSONVILLE 6289 LEGAL REDRESS COMPLAINT FORM

1. Type or Print clearly in dark ink

This form is not a legal document. It is to be used only to help formulate and collect information. Please follow the Complaint Form Instructions:

| 2. Complete entire fo | orm                         |                     |              |                    |          |
|-----------------------|-----------------------------|---------------------|--------------|--------------------|----------|
| 3. Attach copies (not | originals) of any document  | tation you may have | that verifie | es your complaint. |          |
| Date:                 |                             |                     |              |                    |          |
| Name of Person Filin  | g Complaint:                |                     |              |                    | -        |
| Address:              | fin alord                   |                     |              |                    |          |
| <b>-</b>              |                             | e City, State, Zip) |              |                    |          |
| Telephone: (ceii)     |                             | (nome)              |              |                    |          |
| Nature of Complaint,  | /Discrimination:  Education | Employment          |              | Housing            | <u>-</u> |
| Misconduct            |                             |                     |              | 1103.58            |          |
| Public                | Public                      | Banking &           |              | Government         |          |
| Transportation        | Accommodations              | Finance             |              | Agency             |          |
| Race Relations        | Armed                       | Print/Electro       | nic          | Union              |          |
|                       | Services/Veteran            | Media               |              | Representation     |          |
| Community             | Other:                      |                     |              |                    |          |
| Relations             |                             |                     |              |                    |          |
|                       | e an attorney working on y  | our behalf? Yes     | No           |                    |          |
| IF yes, please comple | ete the following:          |                     |              |                    |          |
| Attorney Name:        |                             |                     |              |                    |          |
| Address:              |                             |                     |              |                    |          |
| City:                 |                             | State:              | Zip:         |                    |          |
| Phone:                |                             | Email Address:      | 1            |                    |          |

| Entity (Person, Organization, or Company) about whom you are complaining (note: If it is a law enforcement officer, include City or County, and Badge No./Car No.):           |
|---|
|   |
|   |
|   |
|   |
| Date and Time of Incident (if there is more than one occurrence, please use additional space provided):   |
|   |
| Location of Incident:   |
| Please check statement(s) that applies:   |
| Offender(s) did not conduct his or herself in a professional matter (resulting in violation civil right(s)  |
| Offender(s) communicated bias based upon race, gender, national origin, religion, sexual orientation or disability.   |
| Other (Describe):   |
|   |
| Please explain in your own words the particular description of the acts and conduct of offender(s) which gives rise to your complaint. Attach additional sheets if necessary: |

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| Signature of Complaina    | ant (or parent/guardian if Compla      | inant is under 18)  |
|---------------------------|--|---|
|                           |  |   |
| Witnesses to this incid   | ent (important)                        |   |
| Name/Contact Telepho      | one.                                   |   |
|                           |  |   |
|                           |  |   |
|                           |  |   |
|                           | - fallauria au                         |   |
|                           | •                                      | le with the Jacksonville Branch, and one to give attorney or a witness. |
| 2. File all papers on tim | ne (within 90 days of incident)        |   |
| 3. Sign your statemen     | t in front of reliable witness(s). (Th | nis may be done with a member of the NAACP.)                            |
| For additional local info | ormation, contact your Jacksonvil      | le Branch President or Legal Redress Chair.                             |
|                           |  |   |
| Internal Use Only:        |  |   |
| Date Received:            | Referred To:                           | Date Referred:  |