



NAACP Santa Fe, NM, Branch Legal Redress Committee Complaint Form

CONFIDENTIAL

DISCLAIMERS

The purpose of this form is to gather information for the Legal Redress Committee to consider when determining whether the NAACP Santa Fe NM, branch may be able to assist you with your complaint of discrimination. 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 Santa Fe, NM, branch and the complainant.

CONTACT INFORMATION

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

BACKGROUND INFORMATION

5. Are you a member of the NAACP? Yes No
 - 5a. If so, membership number:
6. Are you currently represented by an attorney in this matter? Yes No
 - No 6a. Has an attorney ever represented you in this matter? Yes No
 - 6b. If so, attorney's name:
 - 6c. If so, attorney's phone number:
 - 6d. May we contact your attorney? Yes No

7. Have you filed a complaint with any government agency? (Many filings are subject to strict time limitations.)

Yes No

7a. If so, agency name: Contact person (if any):

Date:

8. Have you contacted any other nonprofit organization about your complaint?

Yes No

8a. If so, organization name: Date:

COMPLAINT

Did the discrimination complained of occur in Santa Fe County? Yes No

9a. If no, where? _____

9. What was the basis of the discrimination you experienced? (Check all that apply.)

- Race
- Color
- National origin
- Religion
- Age
- Handicap
- Marital status
- Familial status

- Sex
- Sexual orientation
- Gender identity or expression
- Source of income
- Place of residence or business
- Matriculation (student status) Personal appearance
- Political affiliation
- Other:

11. On what date(s) did this occur:

12. Who discriminated against you?

12a. What is your relationship?
(e.g., employee, tenant, customer)

12b. Address:

12c. Phone number:

12d. Email address:

12e. May we contact this person or entity? Yes No

13. Please briefly describe the discrimination you encountered.

14. Were there any witnesses to these events? Yes No

14a. If so, name: Telephone number: May we contact him/her?

| | | | |
|-------|-------|------------------------------|-----------------------------|
| <hr/> | <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <hr/> | <hr/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

15. Have you recorded or saved any evidence? Yes No

15a. If so, please list:

(Documentary evidence may be attached to this complaint form.)

However, please do not include any originals.)

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

Signature:

Date:

Please send/email the completed form to:

NAACP, Santa Fe, NM

Branch 6109-B

Attn: Legal Redress

Committee

P.O. Box 15692

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