

Toledo Ohio Branch of the NAACP – info@naacptoledo  
P.O. Box 9388 Toledo, Ohio 43697 (419) 214-1551



## Complaint Form

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Date of Complaint: \_\_\_\_\_ Date of the incident: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_

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PLEASE CHECK THE TYPE OF COMPLAINT THAT YOU ARE MAKING:

BANKING & FINANCE ( )

COMMUNITY RELATIONS ( )

EDUCATION ( )

EMPLOYMENT ( )

GOVERNMENT AGENCY ( )

HOUSING ( )

POLICE MISCONDUCT ( )

PRINT & ELECTRONIC MEDIA ( )

PUBLIC TRANSPORTATION ( )

PUBLIC ACCOMODATIONS ( )

RACE RELATIONS ( )

STAGE & THEATRE ( )

VETERANS' AFFAIRS ( )

OTHER \_\_\_\_\_ ( )

**On a separate sheet describe the complaint in detail to include dates times and the reason you believe your civil rights were violated. (To be attached to this form)**

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### Office Use ONLY

Completed Complaint form received by: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint assigned for investigation? Yes ( ) No ( )

If yes, person assigned to investigate: \_\_\_\_\_ Date: \_\_\_\_\_

Investigation Form Completed? Yes ( ) No ( ) Date: \_\_\_\_\_

Preliminary Interview

Preliminary interview by: \_\_\_\_\_ Date of interview: \_\_\_\_\_

In person ( ) via phone ( )

Location of interview: \_\_\_\_\_

Do you currently have an attorney working in your behalf? YES ( ) NO ( )

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has a lawsuit been filed? Yes ( ) No ( ) If yes, when filed? \_\_\_\_\_

In what city? \_\_\_\_\_ In what court? \_\_\_\_\_

Do you wish to file a civil or criminal appeal? Yes ( ) No ( ) Do you have financial resources? Yes ( ) No ( )

Have you filed a complaint with the OCRC, EEOC or Fair Housing & your Employer? Yes ( ) No ( )

If so, when? \_\_\_\_\_

Do you have a "Right to Sue" letter issued by the EEOC? Yes ( ) No ( )

If this is an employment complaint, please provide the following information:

Employer (or former employer): \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Contact number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Union: \_\_\_\_\_ Local #: \_\_\_\_\_

Business Agent/Steward: \_\_\_\_\_

Address: \_\_\_\_\_

Has a grievance been filed through your union? Yes ( ) No ( )

I, \_\_\_\_\_ Do hereby authorize the Toledo Branch of the NAACP to investigate my complaint and to take any steps necessary to resolve it.

Complainant Signature: \_\_\_\_\_

WITNESS Signature: \_\_\_\_\_

NAACP MEMBERSHIP NUMBER:

Investigation Form

Investigator: \_\_\_\_\_ Position (NAACP) \_\_\_\_\_

Investigation: (A synopsis of the investigation, i.e. meetings other interviews including dates, times and locations)

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Findings: (The result of the investigation)

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Civil Rights Violation? Yes ( ) No ( )

Action/Recommendations:

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Investigator's Signature:

Date:

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Copy of Report provided to complainant? Yes ( ) No ( )

If yes, Date: \_\_\_\_\_

US Mailed ( ) Emailed ( ) In person ( )