



NAACP  
FLORIDA STATE CONFERENCE  
PRELIMINARY COMPLAINT FORM

PLEASE READ CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION. PLEASE NOTE THAT THIS IS A  
PRELIMINARY COMPLAINT FORM AND ADDITIONAL INFORMATION MAY BE NEEDED AT A LATER DATE.

Branch Name: \_\_\_\_\_

CONTACT INFORMATION:

Name of Complainant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (no P.O. Boxes accepted): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

COMPLAINT INFORMATION:

What is the nature of your complaint? Employment \_\_\_ Housing \_\_\_ Discrimination \_\_\_ Police  
Brutality \_\_\_ Other \_\_\_

Date(s) of incident(s): \_\_\_\_\_

Location(s) of incident(s): \_\_\_\_\_

Please explain the incident(s): (Please use backside if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an attorney representing you in this matter or have you had previously an attorney represent you in this matter?

If yes, please provide the name and phone number. \_\_\_\_\_

*I HEREBY DECLARE THAT THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM GIVING  
CONSENT FOR THE NAACP TO INVESTIGATE AND POSSIBLY INTERCEDE FOR ME IN THIS MATTER. IN  
ADDITION, I RELEASE THE NAACP AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS FROM ANY  
AND ALL LIABILITY AS THEY PROCEED WITH THIS INVESTIGATION ON MY BEHALF. FUTUREMORE, I  
UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY DECLINE  
TO INVESTIGATE MY COMPLAINT AND THAT IS THEIR RIGHT. I WILL ACCEPT THE COURSE OF ACTION THE  
NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND VOLUNTEERS MAY TAKE IN THIS ACTION.  
FURTHERMORE, I UNDERSTAND THAT THE NAACP, AND ITS EMPLOYEES, AGENTS, MEMBERS, AND  
VOLUNTEERS DO NOT REPRESENT ME IN THIS MATTER.*

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_